THE

AMERICAN PRACTITIONER:

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

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JOHN P. MORTON AND COMPANY,
PUBLISHERS.

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THE AMERICAN PRACTITIONER:

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

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LOUISVILLE, KY.

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THE AMERICAN PRACTITIONER.

JUNE, 1875.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downight fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Communications.

ON THE ETIOLOGY OF INFANTILE ECZEMA.

BY R. W. TAYLOR, M. D.,

Surgeon to the New York Dispensary Department of Venereal and Shin Diseases; one of the Physicians to Charity Hospital, New York, etc.

I desire to call the attention of my readers to a consideration of the etiology of eczema of infants. My attention has long been directed to the unsettled condition of opinion upon this subject, and I have endeavored by carefully studying, uninfluenced by any theory, a large number of cases to arrive as nearly as possible at correct conclusions. I think that such a study is at present much needed, in view of the utter want of harmony of opinion among men of authority, and of the fact that a clear knowledge of the cause of a disease is in reality the starting-point for its proper study and treatment.

It appears to me that a doctrine which teaches that every case of this affection is due alone to external causes is too dogmatic and subversive of a broad and extended study of facts. The assertion that it is simply the expression of a number of ill-defined diatheses is not borne out by the teach-

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ings of the clinic. Finally the view that some vague internal morbid condition is the active cause requires for its belief a full and lucid statement of what that condition really is. The simple statement of this unsettled condition of opinion is sufficient to show the necessity for its careful and systematic consideration.

In the first place now let us consider whether eczema may be caused in the infant by certain diatheses or conditions of the economy predisposing to disease. I shall not waste time and space in treating of the dartrous or herpetic diathesis, as I regard it as an injurious theory, almost wholly unfounded upon facts, and detrimental to intelligent study. In the proper place I shall consider the facts which I think have been used in the elaboration of this theory. There are, however, certain transmissible conditions which require attention-namely, the rheumatic and scrofulous diatheses-while the syphilitic diathesis, being specific in nature, is not comprised in the list of the probable causes of eczema. The question now for our solution is, do these diatheses predispose to the development of eczema in the infant? Admitting the fact of the transmission of rheumatism, the point which concerns our inquiry is at what age and in what forms does it show itself? and again, does it manifest itself in early infancy? As a general rule, I think it may be answered that the rheumatic diathesis when inherited is late in the evolution of its morbid processes. Thus clinical observation shows that in infancy such subjects are apparently healthy, and that in those exceptional instances in which an early evolution takes place the lesions are those of the joints and fibrous tissues. Later in life the manifestations may be more general, and then we may find that the integument is implicated. The same general course is seen when the diathesis is of the acquired form.

I do not discuss here the reasons why this diathesis is thus tardy in showing itself, as it has no bearing on the subject at issue. As I have said, there are cases in which rheumatism

commences early; but, according to my observation, the skin is not one of the tissues liable to be implicated.

In support of what I now advance, by reasoning upon generally-accepted facts, I may state that among the large number of cases of infantile eczema which I have carefully studied as to their etiology there was not one in which I felt that I should be correct in considering it as originating in rheumatism, hereditary or acquired. I can readily understand that by loose reasoning an observer may arrive at this conclusion. Thus he has presented to him an eczematous child, the offspring of parents or of a parent who has the rheumatic diathesis, and he seems warranted in assuming that the skinaffection in the child was due to the rheumatic condition of the parent. The coincidence, however, far from warrants the conclusion. To settle such a point it is necessary to establish the fact that the diathesis of the parent existed prior to the child's birth, and that it inherited it; then it would be necessary to determine the exact relation between the acquired diathesis and the skin-affection. Taking therefore into consideration the facts of the late evolution of the rheumatic diathesis, and of the immunity of the integument, as shown by clinical observation, to the development of its lesions at early periods, I think we are warranted in leaving out this condition as one of the probable causes of infantile eczema. At some future day I propose to study the relation of rheumatism to the eczema of old persons.

This brings us to the question as to whether the affection can be or is caused by the scrofulous diathesis. Previous to this, however, let us determine, if we can, what is meant by the word scrofula. In the light of our advancing knowledge this state is no longer looked upon as a specific or quasi-specific diathesis, while its true nature is being gradually understood. In another place,* and with a different purpose,

^{*}Syphilitic Lesions of the Osseous System in Infants and Young Children, page 172. New York, 1875.

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I have thus summed up the essential nature of this condition. and the description will apply to my present study. I there say that in the scrofulous state children are pallid and weak. and their assimilative processes are far from perfect. They present lesions of a hyperplastic character, indicating a low state of the natural processes. These hyperplastic changes are shown in glandular engorgements in tendencies to active hyperæmia of the various organs and tissues, particularly of the serous and mucous membranes. In such subjects inflammations are quickly excited, are very severe in character, and are attended with the production of large quantities of pus. Accompanying this condition the blood-making functions are impaired and the general action of the viscera is perverted. Besides active inflammation, low grades of hyperplasia of tissues are also observed. Now this condition, which for want of a more precise word we call scrofula, may be hereditarily transmitted, or it may be engrafted upon the organism of the infant by various causes, such as exhausting attacks of the exanthemata, adynamic fevers, and by the results of poverty. In some instances a naturally-delicate constitution is thus modified by a persistent dyspepsia impairing assimilation or by chronic diarrhea. These are the main deviations from health which, I think, constitute what we now call scrofula. In the supposed relation between this state and syphilis there is in fact no transmission of a specific condition. If in the offspring of a syphilitic person an enfeebled organism such as I have pictured is observed, there is nothing of a specific nature in it; it is simply a debility with its concomitant features, remotely due to the impairment of nutrition produced by syphilis in the parent. I am here speaking of cases in which syphilitic lesions are not observed in the child, and whose parents or parent had passed through the specific stage of the disease. As to the matter of therapeutics it is well to understand the non-specific nature of this condition, since antisyphilitic remedies are not indicated.

This then being the condition or diathesis, the question arises what relation exists between it and eczema? or, to be more precise, is eczema one of its manifestations? My opinion in this matter is that the relation, if such exists, between this condition and this skin-affection consists in the tendency to hyperæmia and hyperplasia, which is induced by the general systemic disturbances. The change in the quality of the blood which necessarily follows the general scrofulous condition I believe has not any material influence, at any rate, as an excitant in the production of eczema. The essential cause of the eczema resides in the tendency of the cells of the structure to undergo active proliferation, and in the ready excitability of the vascular system to severe engorgements. Then again there are certain points to be considered relating to the integument itself. Consisting of a framework of young, actively-growing cells, copiously supplied with blood-vessels and nerves, and being placed in a position where it is subject to constant friction, and to the irritation of heat and moisture, etc., it contains within itself and is surrounded continually with those elements which are prone and liable to induce inflammation.

The purport then of our studies thus far shows that the relation between scrofula and eczematous eruptions of the skin consists in the tendency which the diathesis ingrafts upon the latter to inflammation of greater or less extent or severity. In this tendency there is nothing unusual or specific, but in truth the same is impressed on each and every organ or tissue, and the reaction of such, as judged of by the inflammatory process, is shown in proportion as any of them are subjected to irritation. This statement fully disposes of the second question which I laid down; namely, is eczema one of the manifestations of scrofula? Eczema of such children bears the same relation to the systemic condition that a bronchial catarrh does to it, or in fact any hyperplasia even of subacute character. In all such cases I am inclined

to think that the starting-point of the skin-lesion is some local irritation, however slight, and that the same pathogeny obtains in case of the bronchial membranes. I do not think that the eczema begins in the majority of these cases without an exciting cause any more than a bronchial catarrh would or does. We may be unable to determine the exact causes, but such generally have existed, though perhaps they were not recognized. In many of these cases I have seen a very insignificant inflammation give rise to extensive patches of eczema; thus a small furuncle may form on the head, and owing to the predisposition an eruption of eczema involving large surfaces may result; or again, in some cases a few hairfollicles of the scalp become hyperæmic; they are scratched. owing to itching, and eczema results. In the vast majority of cases, if strict inquiry is made, the fact will be elicited that the affection began in a localized apparently insignificant manner. This mode of evolution points to a primary local origin, and differs strikingly from the mode of development when symptomatic or excited by internal causes. these circumstances a large area is usually first involved, or symmetrical organs are attacked, indicating that the affection is caused by a systemic condition. Thus, I think, our studies will thus far warrant us in stating that eczema of scrofulous nature does not bear the same relation to the general condition that syphilitic eruptions hold to the syphilitic dyscrasia, in which case they are specific manifestations; but that it is an epiphenomenon casually developed, and that its beginning and course are favored materially by the predisposing condition of the economy.

Too much stress can not be laid upon the proper appreciation of these facts in the matter of therapeutics; for they clearly indicate the necessity for the removal of the qualifying influence, in order not only to cure the existing affection, but also to guard against future attacks. Thus, though we admit a scrofulous form of eczema, it must be understood to arise

in the modified manner I have described. Though in this condition there is a tendency in all tissues to active inflammation, yet that process is not set up unless under excitation; consequently we should err scientifically if we boldly say that there is a scrofulous bronchial catarrh or a scrofulous eczema, meaning that they were the manifestations or outbursts of the condition.

In order to prepare for the proper appreciation of the therapeutical indications, I may here say the eczema of this origin is somewhat peculiar. It invades, as a rule, extensive surfaces, is profoundly seated in the integument, as judged by the thickening, and is attended with the production of large quantities of pus, is rebellious to treatment, and more than ordinarily prone to relapse.

We now come to the consideration of the question whether eczema as a skin-affection alone is hereditarily transmissible in the absence of an accompanying diathesis. Hebra, without entering minutely into this matter, decides the question in the negative, and authors generally think that the occurrence is possible together with a general diathesis. Dr. Tilbury Fox is certainly the most explicit on the subject; and, while he does enter largely into its discussion, concedes that eczema may be handed down from parent to child. Upon the solution of this question a number of very important considerations hang, and by it light may be thrown upon the etiology of other cutaneous affections as well as those of other tissues.

In order to argue the point fully let us formulate the question in a definite and scientific manner. Thus it can be put with more force as follows: Can a tendency to the development of eczema in the integument be transmitted hereditarily without the implication of the general system? In other words, can a local tissue-tendency of which the parent has become the subject be transmitted to the child without any other deviation from the normal standard of the organism? Though not very frequent, cases in which eczema

is observed in parents and offspring are sometimes seen. I have observed such, and after having carefully studied them I have been unable to determine any other morbid predisposition of the economy: in fact, the patients seemed in perfect health. Then again other similar but less marked cases are often met with in practice. Thus there are whole families, parents and children, each member of which has an integument of great delicacy and fineness of structure, upon which very slight external causes produce very active inflammation very quickly. In such subjects reflex influences may often be traced as producing cutaneous hyperæmia. Under these circumstances, and in view of these plain, undoubted facts, can there be a reasonable doubt but that a tissue-tendency or predisposition to inflammation has been inherited by the offspring? This same peculiarity is often observed in the mucous membranes, which in children are sometimes susceptible of the various grades of inflammation in the same manner and under like stimulus to its production in their parents. Explained according to a humoral pathology, such instances would be simply those of some unfathomable diathesis, and certain undetermined and vaguely-described bloodconditions would be set down as their cause. Such an explanation, however, is neither satisfactory nor scientific. Let us go a little further. There are a number of skin-lesions which are undoubtedly local, and are thus transmissible. Shall we conclude that they are the expression of a diathesis? For instance, ichthyosis is often transmitted to children from parents. Is there then an ichthyotic diathesis of which the skin-lesion is merely the expression? Again, we sometimes observe a condition much less marked than this affection, which we call xeroderma, which in a local or general manner may be inherited by offspring. Are we then to explain this case by the assumption of a somewhat modified ichthyotic diathesis? Examined with care and without prejudice, and unbiased by preconceived theories, these parents are found

to be healthy and to present no other morbid predisposition. In what then has this tissue-change originated? Again, we find more advanced structural lesions of the skin, such as nevi molluscum, warty growths, and sarcomatous infiltrations, in the offspring similar to what were observed in the parents. Now these are strictly limited deviations of tissue-development. Shall they be explained by the existence of an inherited blood-condition which causes them? Other points equally suggestive and conclusive may be urged. Thus Dr. Brown-Sequard has recently shown by experimentation that tissuechange both in the skin and nervous system, as well as induced deformities, may be and are transmitted from parent to offspring without the system or the blood being involved. These experiments are powerfully convincing against the opinion that a blood-condition or diathesis was handed down, as the lesions were observed in the lower animals who were healthy, and in whom no such diatheses are known to exist. What then is the explanation of these phenomena of heredity? If we endeavor with the most captivating arguments to establish a condition of the blood and general system as being the cause of these tissue-changes, we have in the end simply a more or less plausible theory which the fact of the cases will not really warrant. Indeed I am of the belief that in general no abnormal condition of the system exists. On the contrary, is it not more in accordance with the facts presented to consider the lesion of local origin? Such an explanation requires no straining of the reason for its acceptance. As we can detect in neither parents nor children any deviation of health in any way connected with the tissue-change, is it not more in accordance with the facts to conclude that in this instance of hereditary transmission one part of the organism is perpetuated in a slightly abnormal state rather than that the whole fabric is in some occult and undeterminable manner diseased? Certainly one diathesis or morbid state can not be cited as the origin of all these cases of local hereditary tissue330

lesion; and if such is their origin, their causes must be various. Yet we are wholly unable in a scientific manner to say precisely what any of these general morbid conditions are, or in what particular manner the blood is abnormal. Now it might be suggested that the tendency to inflammation of the skin and its liability to structural change as hereditary phenomena are not comparable, yet such an assertion can not have, to my thinking, any strong facts to support it. In each instance there is a morbid predisposition which we positively know exists: the one is toward ephemeral and oft-repeated change, as in eczema; the other to permanent alteration, which also may occur several times. The condition which underlies both tendencies is, I think, somewhat similar, and differs, as far as we can decide with our now known facts, only in degree. In eczema there is a tendency of both the cells to hyperplasia and of the blood-vessels to hyperæmia, whereas in structural lesions the hyperplastic process is far in excess of the hyperæmic. These considerations and facts (and equally convincing and analogous ones can be cited pertaining to the nervous and osseous tissues) militate, I think, strongly against the assumption of a hereditary morbid dyscrasia as producing either eczema or other tissue-lesions and tendencies. On the contrary, they point distinctly to a local debility as the cause. Thus the integument of a person who has long been the victim of eczema undergoes a certain modification, consisting, as I have said, in a tendency of his tegumentary cells to active hyperplasia and of his blood-vessels to hyperæmia. This state, becoming chronic, is, I am of the opinion, firmly ingrafted on his skin, and may then be perpetuated or handed down without any modification to his or her offspring. Now it may happen that in the latter this tendency is not developed or manifested by an outburst owing to the absence of exciting causes, yet it may exist.

I have seen recently a case which fully proved this to my mind after a careful, unprejudiced examination. A young man of delicate build, but enjoying perfect health, having a thin, fine integument, who had never had a true eczema in his life, is unable to wear flannel underclothing in winter in consequence of the irritation which such would cause. Putting on recently a pair of woolen gloves, he was compelled to discard their use after a few days' wear, owing to the fact that an eczema localized to the hands began to show itself. I carefully examined the case to determine whether there was any other cause for the attack, and I could find none; in fact, as soon as soft, unirritating gloves were worn no tendency to eczema was to be seen.

Now this young man is the son of a mother enjoying perfect health, but possessing a similar delicate integument, which for many years prior to his birth was more or less covered with eczema. He also has a sister who is afflicted with that affection at the changing of the seasons, she also being otherwise perfectly healthy. Certainly in this young man's case there is indication that an eczema of formidable character would be produced if there was any considerable irritation of the skin; in truth, there is in him a latent predisposition to cutaneous inflammation. The same general features are as often observed in the mucous membranes as in the skin, and instances of them could be cited as analogical evidence, were such necessary. The practical conclusion of the study is, I think, to render very probable the fact of a tissue-debility, which may manifest itself in the individual who possesses it or which may remain latent. It may also be transmitted to the progeny of such a person.

In the present study I have confined myself in the explanation of this morbid tendency to citing an abnormal condition of the cells and of the blood-vessels of the skin, purposely leaving for future study the nervous influence which may be involved in this tissue-debility, as that can be studied more appropriately in connection with the etiology of the eczema of older persons. I may, however, say this here in advance, that I am of the opinion that this morbid impress of which I have written depends in a measure upon the nervous supply to the skin, and that this condition is manifested by tendencies to inflammation in that structure. I propose at some future day to consider in what way the cells and blood-vessels and nerves are severally implicated.

Let us now consider the relation between eczema in children and other cutaneous affections. This question has not vet received sufficient care toward its solution. Since my attention has prominently been directed to the study of the etiology of eczema I have met with at least twelve cases, of which I have taken notes, of young children, who, having had either the exanthemata or some other acute skin-affection, were soon after more or less covered with an eczematous eruption. I examined all very carefully to find the cause, thinking that perhaps in some a debilitated condition of the system had been induced which had predisposed the patients to tegumentary inflammation. Though this hypothesis was admissible in two or three cases, it failed wholly to account for the rest; consequently I came to look upon this condition as being of a modifying rather than of an exciting nature. I must add that I had in these cases thoroughly eliminated all other causes, and had narrowed the issue down, as to cause and effect, to the previous and present skin-affections. The dermatic sequelæ was most often observed in measles and scarlatina, but in two cases the previous eruption was urticaria, and in one case acute erythema. The last three cases were due to chronic gastric irritation, and were of course primarily of a reflex nature. In another instance an attack of contagious impetigo was regarded as the cause. The point to be settled is whether the previous inflammations of the skin tended to the development of the eczema or whether it was a coincidence. The facts of the cases, as well as certain other analogical evidence which applies accurately, convinced me that there was something more than

a simple accident. I am of the opinion that in consequence of the activity of the first morbid process in the integument a tendency was induced or ingrafted upon it to subsequent inflammation; in other words, that, as in the other instances cited, the cells and blood-vessels and nerves had received a morbid impress, and that the nervous supply was also in some manner impaired. This then would be in reality simply a tissue-debility, yet it might be qualified by other conditions. Thus if there existed from any cause a general condition of ill health or of malnutrition, this latter would undoubtedly greatly modify the case; or again, if the patient inherited an integument prone to inflammation, this also would have its effects. This hypothesis, I think, fully explains these cases, and has the support of very convincing facts. Thus we see very frequently catarrhs of the mucous membranes which follow and were undoubtedly due remotely to previous attacks of the exanthemata. The conditions here are precisely the same. In these specified fevers the skin and mucous membranes are intensely congested and modified in the manner just described, and these sequelæ, which are admitted by every one, are really lesions of tissue-change and debility. While we admit the sequelæ of other tissues and organs, should we deny that the skin, which we know is so highly vascular and so plentifully supplied with nerves, is not liable also to such morbid impress? for in reality the conditions in every instance are similar. Then how common is it in the adult subject to find an active inflammation of a tissue or of an organ which follows and was caused by the predisposing influence of a similar previous attack? Indeed examples in the whole range of pathology may be quoted as supporting this view, which when summed up may thus be stated: that any inflammation of an organ or tissue, whether simple or specific, induces a tendency to a similar process in the future by ingrafting a peculiar morbid condition upon the cells, bloodvessels, and nerves of the part. Perhaps it might be thought

that as the exanthemata are specific processes a peculiar condition would be ingrafted upon the integument; but from careful observation I have arrived at the conclusion that the effect is the same upon the integument, whether the first eruption is one of the exanthemata or a simple eruption. The explanation above given covers also cases of eczema following vaccination; but here an important point arises, namely, can an impress which has been ingrafted on one part of the skin modify the whole of that tissue? This question is suggested by the fact that following vaccination the eczema generally begins about or near the arm inoculated, and in contagious impetigo the initial skin-affection, as I will call it for simplicity, is very often locally distributed. My studies in this direction have convinced me that local eruptions may induce a local tendency to eczema confined strictly to these parts, and also a susceptibility which involves the whole tegumentary membrane. But I think that careful, painstaking observation will convince the student of this question, that while a local affection may induce a local tendency, it may also involve a predisposition of all the skin to be affected; but in many instances we find that the susceptibility is greater at the original focus than elsewhere. Still the occurrence of a circumscribed portion of the skin being involved and followed by a tendency of the whole tissue to like change is not unfrequently met with. Thus inflammation limited to the integument, for instance, of the hand may show itself as a result of a previous inflammation; yet with this there may be noticed a tendency to spread, and also that other portions of the integument may appear liable to undergo coincidently inflammatory change. This clinical fact is a very important one, and is capable of varied explanation. For instance, it is thought that the liability to spread is indicative of a systemic condition; indeed that the affection would have remained local had not a dyscrasia existed to aggravate The weak point of this argument rests in the fact that in very many instances a morbid systemic condititon can not be determined, and when such, in exceptional cases, is found it is difficult to associate it as a cause to the skin-affection. My observation has taught me, or rather caused me to think, that when a circumscribed area of the skin has once been profoundly altered by an eczematous inflammation the balance of that tissue also becomes liable to the same process, probably in this instance through the impress upon the general nervous supply to the skin, perhaps by sympathetic action.

Now in many of these cases it will be seen that the predisposition is greatest, both in frequency of relapse and in severity of form, at the original focus, and thus remains until the balance of the integument has likewise suffered. This is explained, I think, by the fact that in this area the vessels, cells, and nerves have all been profoundly impressed, while in parts remote the tendency depends upon the nerves alone, they having participated in the process which was once local. I am well aware that this is only a theory, yet I think it offers a more rational explanation in general than is offered by the view of systemic disturbance. Now I do not wish to deny that systemic influences do sometimes predispose to the extension of eruptions, as such upon occasions are observed in practice. What I want to do is to put forward the view that there are in the skin itself inherent causes to this extension without its being affected in any way by the condition of the general economy. As pertaining to the eczema of children, I need not enter further than I have into this question, which requires full elaboration in the study of eczema of older persons. What I have said may be summed up as relevant to our present inquiry as follows: that eczema, more especially of severe form, localized to one spot, ingrafts a tissuetendency therein to a subsequent similar attack; and also that this affection of one part of the tegumentary membrane predisposes to a greater or less degree the whole to the same morbid process, which is manifested either by its direct extension from

the original focus or by its beginning spontaneously at some point more or less remote from its origin.

The liability of eczema to spread and become general differs widely in different integuments, owing chiefly to the greater or less predisposition of the tissue. Thus in those who inherit the peculiar tendency to skin-affections which we have studied the predisposition may be expected to show itself by the implication of large areas of skin. Again, normally there exist, as we have seen, integuments more delicate and prone to irritation than others, and in them the eruption would gain greater extent than in those having a skin of coarser texture and less susceptible of irritation. Finally the severity and extent and length of duration of the original local lesion have considerable influence upon the subsequent tendency of the whole integument to be involved.

We are now prepared to consider the influence of local irritations in the production of eczema of young children. It is almost unnecessary to repeat that the integument, owing to its peculiarity of structure and its exposed position, is more liable than other tissues and organs to inflammation. this fact holds good in the more mature individual, owing to the extreme tenderness of this tissue in infants and children. it is particularly prone to be affected by even slight causes. Now there is a fact, which has been well established in the clinical history of infantile eczema, which points very strongly to its local origin. I refer to the very frequent commencement of the affection about the head. This part of the body for obvious reasons is more liable than others to irritation of all kinds, and it is here that in the vast majority of cases the affection begins. Now we will assume that in some cases general debility may act as a predisposing cause, that in others an inherited tissue-debility is presented, while in still another class previous eruptions, either general or local, have induced a condition of the integument favorable to eczema; but the question now arises, does the affection begin spontaneously? My observation prompts me to give a negative answer in general to this question. Indeed I think that facts warrant me in saying that in every or nearly every case the affection is primarily due to some irritation, and that its cause is modified by the conditions which I have considered. As I have said, the head is the part upon which eczema begins in the greater number of cases, and I think that the fact of this local limited occurrence being so frequent, if not constant, is very weighty as tending to indicate a primary local cause. If these cases are carefully examined, and if the parents are properly questioned, the fact can in most cases be established.

It is impossible for me to indicate all local causes, but I will speak of several which are quite prolific in the production of eczema. First, I think, in order of frequency is the irritation of soap and water. The extreme cleanliness of many mothers and their frequent use of soap often causes eczema in their children. The last case of this affection seen within a few days clearly proves this point. In consequence of the irritation of soap redness appeared upon the scalp of an infant, which, being still washed, induced an eczema.

In this connection I will refer to a local cause which I have very often found to be the indirect means of producing this skin-affection. Very frequently indeed it will be seen in infants that a quantity of sebaceous matter has formed in patches upon the scalp among the hair. This being very unpleasant to the eyes of cleanly mothers, they use too active means for its removal by soap and water, and they induce an erythematous condition which often ends in eczema. If these tenacious patches were first well rubbed with oil, they could then be removed with more facility and with no bad result. This same condition, due no doubt to increased action of the sebaceous glands, very often among the poorer classes, becomes well marked, owing to want of removal, and by its presence affording a nidus to irritating and dirty substances, even to lice. The result is that eczema follows. Very often

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upon the head of a child a furuncle forms; it is improperly treated or neglected, or perhaps poulticed, and from this spot inflammation starts, and an extensive eruption of eczema is produced. In many children whose hair is long pediculi are known to cause the affection. Various other causes act upon the scalp in greater or less extent, and tend to produce a copious eruption. The escape of tears over the cheeks, of irritating secretions from the nose and from the mouth, are frequently the means of beginning an eruption which becomes quite large. In many instances I have traced eczema to the ears as the starting-point, the affection having begun either at the angle between it and the head, where the skin is in contact, or perhaps in the ear itself. I have seen undoubted instances in which rough woolen clothes have caused redness of the skin, which has, owing to the non-removal of the cause and the want of treatment, merged into eczema. When speaking of treatment I shall state again what I think is well worthy of careful attention; namely, the necessity of avoidance of irritating swathing woolen clothes to children. In their anxiety to protect their young from cold, mothers very often take measures which result in harm, as eczema is produced. Indeed in winter much delay in the cure of infantile eczema is to be attributed to this cause. Thus children while under treatment are brought to the clinic enveloped in flannel, which being bound around the neck and face is very irritating to the skin. Of course the cure is delayed by this means, and I have upon many occasions found it necessary to explain to the mothers that while it was necessary to protect their children from the cold, it was of the utmost importance not to retard the cure by unnecessary irritation. I think that this practical point is worth the recital. Apropos of it, I may say that changes of season are productive of eczema, and that cold causes its continuance. Quite often does eczema develop primarily upon the cheeks of young children in consequence of the irritation of cold. Indeed I might go on

naming other causes which are suggested to my mind by facts elicited from cases; yet I think that, having stated the general causes of local irritation, and having cited the few instances, I have said enough to prove that the vast majority of cases of eczema are thus produced.

NEW YORK.

LACERATION OF THE IRIS, WITH PARTIAL DETACH-MENT FROM ITS SUPERIOR AND INFERIOR PERIPHERAL BORDER.*

BY MARTIN F. COOMES, M. D.

I was called by my friend, Dr. John Brady, to see Mr. B., at three o'clock P. M., on the 7th of April. On inquiry I learned that he had received a blow on the left eye from the cork of an ale-bottle. Pain was very intense for a short time after the accident, so much so as to cause the patient to become faint and sick. On examination I found that the cornea and sclerotica were uninjured; the ocular conjunctiva was somewhat injected, and the anterior chamber filled with blood, which had more the appearance of being arterial than venous. Vision at this time was very much impaired, the patient being scarcely able to distinguish light from darkness. I ordered a solution of the sulphate of atropia, the strength of one grain to the ounce of water, to be dropped into the eye frequently until the pain was relieved, and along with this the application of a cold compress.

I called at nine o'clock that evening, and was much surprised to find that the anterior chamber was almost free from blood, with the exception of a small triangular space, which was situated in the lower and central portion of the chamber, with its base directed downward, and reaching to the periph-

^{*} Read before the Louisville Academy of Medicine.

eral margin of the iris; while the apex was directed vertically upward, and reached almost to the center of the pupillary space, which was then widely dilated, and presented the appearance of an elliptical instead of a circular opening in the iris, the long diameter of the ellipse being horizontal and the short diameter vertical. Pain was then very slight and vision improved sufficiently to count fingers at the distance of three feet. No ophthalmoscopic examination to-day.

I saw my patient on the evening of the 8th, learned that he had passed a comfortable night and was free from pain, but was a little astonished to find that there had been a slight recurrence of hemorrhage and a limitation of the visual field. The limitation was caused by a fibrinous blood-clot, which was about one line and a fourth in width at the center, and about two lines in width at either end. It extended vertically across the anterior chamber, full out to the peripheral margin of the iris above and below. The clot was as well defined and the outline as perfect as if it had been painted by an artist. I was somewhat puzzled to understand just how it was possible for the outline of the clot to be so perfect; but after its upper portion had been removed by absorption, with the aid of strong oblique illumination I was enabled to see that the iris at its upper margin was detached, with the exception of the pectinal ligament, to about the width of two lines; thus the mystery was solved in my mind, and, I think, to the satisfaction of those who may hear or read the report of this case. My supposition was that there had been a rupture of the pectinal ligament at that point, and the one below as well, sufficient to permit the exudation of a small quantity of blood, and thus cause the outline of the clot to assume so perfect a form. The pupil was still dilated almost to its fullest extent, quite sufficient for me to view the fundus oculi on either side of the blood-clot. An ophthalmoscopic examination showed that the lens, vitreous humor, retina, and choroid were all perfectly normal.

I saw my patient again on the evening of the 9th, and found that the clot was being gradually absorbed. I made another ophthalmoscopic examination, and the eye presented the same condition as on the previous evening. I ordered him to omit the cold applications, continue the solution of atropia, and keep the eye protected from light. Under this plan of treatment he continued to improve daily until the clot was completely absorbed and vision perfectly restored, which was on the eighth day after the injury. The pupil still retains its elliptical form, and the patient's vision to-day equals $\frac{3}{6}$ 0.

LOUISVILLE.

PULMONARY ŒDEMA.

BY W. H. BRYANT, M. D.

This is one of the gravest of intercurrent diseases. My attention was first directed to it from its occurrence in cases of pneumonia, and I believe that this complication is more frequent perhaps than all others. So too in cases of pneumonia suddenly fatal I believe that pulmonary ædema is the primary and heart-clot the secondary cause of the result. During an epidemic of cerebro-spinal meningitis which occurred here in the spring of 1874 pulmonary ædema was the cause of death in more than one half of the fatal cases. Why this complication in such disease is not easily answered.

When cedema occurs in pneumonia it is usually within the first few days, rarely later than the fifth; but whether in pneumonia or in other disease, this complication presents uniform symptoms, and therefore its early recognition will present no great difficulty. We have first embarrassed respiration, the breathing is short and quick; there are tracheal râles; and in proportion to the difficulty of respiration there

will be more or less profuse perspiration of the neck and head, so that the pillow may be quite wet with it. Coma as profound as in apoplexy or in uræmia will be found if the obstruction to the pulmonary circulation is very great. The pulse is from 120 to 140.

The only thing which may occur in pneumonia and which may be mistaken for œdema is heart-clot; pneumonia ranking next to rheumatism and capillary bronchitis in producing that condition of the blood termed *hyperinosis*, or, as Vogel has it, *inopexia*, a condition which is the most important of all vital causes in determining the formation of *ante-mortem* heart-clot.

I need hardly dwell on the importance of distinguishing between these, ædema and clot, especially since the treatment of these two conditions is so different.

The treatment I have successfully pursued in the cedema of pneumonia is blood-letting. Possibly, should the disease be recognized in its very inception, veratrum viride with dry cups to the chest would suffice for its arrest; but when coma and tracheal râles exist, no matter how slight, it seems to me venesection is the only reliable remedy. I have often seen patients lying in deep coma, with half-closed, up-turned eyes, and with tracheal râles so loud that they may be heard before entering the house, close their eyes and mouth and breathe naturally before the blood has ceased flowing. They waken up as from a sleep, expectorating large quantities of a frothy serum, and express themselves as greatly relieved; and the physician may feel a just pride in his art when he is thus able to snatch a fellow-being from otherwise inevitable death.

Unfortunately venesection in the ædema of cerebro-spinal meningitis gives no such results as in the ædema of pneu monia, since the cause is so different in the two diseases.

SAVANNAH, Mo.

Reviews.

A Study of the Nature and Mechanism of Fever. By Horatio C. Wood, M. D. Washington, 1875.

This is the fourth lecture of the Toner Series, which were instituted by the liberal founder "to encourage the discovery of new truths for the advancement of medicine," and is published in the "Smithsonian Miscellaneous Collections." The title is captivating, and the subject is prosecuted in the true philosophical spirit. The author seeks to explain phenomena which have baffled the scrutiny and erudition of all the explorers who have hitherto attempted their explication. In the first part of his lecture we are entirely with him. His demonstration of the following propositions is clear and conclusive:

"First—External heat applied to the body of the normal animal so as to elevate the temperature produces derangement of the nerve functions, of circulation, etc., etc., precisely similar to those seen in natural fever; the intensity of the disturbance being directly proportionate to the rise in temperature.

"Second—Heat applied locally to the brain or to the heart produces in the functions of the organ those disturbances which are familiar phenomena of fever, the intensity of the disturbance being directly proportionate to the excess of heat in the organ.

"Third—The withdrawal of the excess of heat in fever is followed by a relief of the nervous and circulatory disturbances."

The third proposition Dr. Wood had an opportunity to prove by a most interesting case which came under his care, and is thus given:

"Some time since, upon entering my ward in the Philadelphia Hospital, my attention was instantly attracted by the expression upon the face of a patient. He was a young, temperate Irishman, twenty years of age, and of a vigorous physique, who had passed through a severe attack of inflammatory rheumatism without cardiac complications, and was suffering from a relapse, which first appeared as a subacute inflammation of the knee. I had not seen the man the previous day, but I find in the note-book of Dr. Bruen, my interne, the following: 'Second day of relapse. This morning an acute inflammation of the wrist-joints has set in; the fever is very high; temperature in the axilla 104° F. Ordered potassii bicarb. gr. xx every two hours.'

"As we walked to the bed, in reply to a question, 'What ails our rheumatism patient?' Dr. Bruen said, 'Nothing, unless it be pericarditis. When I saw him at 10.30 A. M. there was much less inflammation of the joints than on the preceding morning; and although his temperature was as it had been (104° F.), and, as I thought, a pericardial friction-sound could be heard, yet the man was doing fairly; perfectly rational, with a good pulse.' It was now about half past twelve, and our patient was apparently dying. The pulse was between 160 and 170, exceedingly feeble and thready; the pupils strongly contracted, though not to pin-points; the respirations fifteen per minute, exceedingly irregular, mostly deep, jerking, and interrupted; skin pale and dry; consciousness completely lost, violent shaking and shouting in the ear only eliciting a few grunts; temperature in the axilla 1084° F.; the wrists pale, and no signs of pain elicited by violently moving them. On ausculting the heart I could find no murmur. The first sound was very feeble, somewhat prolonged, and the second sharply accentuated.

"Coming to the conclusion that our patient was dying of heat, we determined to cool him at all hazards, and, as the surest and most rapid means, to employ the cold bath."

All the formidable symptoms began immediately to abate. The patient was not in the bath more than a minute and a half before he began to exhibit distinct signs of returning consciousness, and in three minutes was striving to get out of the bath. His relief was clearly due to the abstraction of heat from his body. If his drowsiness had been caused by congestion of the brain, the cold bath, as justly remarked by Dr. Wood, would have increased the trouble by driving the blood from the surface to all interior parts.

All this is satisfactory; but when our author goes on to prove that there is an "inhibitory chemical center" in the brain by which the temperature of animals is regulated we confess our failure to recognize the demonstration. evidence of these "inhibitory chemical nerves" seems to us incomplete. That the nerves are concerned in the evolution of vital heat is indeed unquestionable; but that they affect temperature through chemical changes in every case is equally beyond doubt. The nerves can only raise or depress the heat of the body by accelerating or retarding those changes; but great rises of temperature take place quite independently of nervous influence, as is frequently remarked in the human body soon after death. In diseases characterized by a high temperature either the chemical processes which evolve heat in a healthy condition are more active, or else the heat fails to escape from the body as it does in health. The fever marks the activity of those processes, and is in proportion to it. That in some way the nervous system is concerned in the change there can not be a doubt.

Meantime the fact so clearly brought out by Dr. Wood, that the morbid effects of fever may all be produced by artificial heat, and are relieved at once by cooling the body, is of the greatest practical significance. It points to the rational practice in the morbid condition of which fever is the leading feature. We get clear of the dangerous element in the case when we lower the abnormal temperature.

We thank Dr. Wood for this attempt of his to throw light upon the mechanism of fever. If he has not answered the question conclusively, "Is fever a hæmic disorder or is it a neurosis?" he has produced an exceedingly ingenious essay, which will stimulate inquiry in this direction. It is well that he is calling the attention of medical men back to the nervous system, seeing how prone the professional mind has been for a long time to find all sources of disease in the blood.

Syphilitic Lesions of the Osseous System in Infants and Young Children. By R. W. Taylor, M. D., Surgeon to the New York Dispensary, Department of Venereal and Skindiseases; Physician to Charity Hospital, New York. New York: William Wood & Co. 1875.

This work has the charm of originality. It is composed not of the observations of others in a new dress and under a modified arrangement, but of materials drawn by the author directly from the book of nature. When his attention was first attracted to the subject, he says in his preface, the lesions of which he treats were only casually alluded to by a few writers on the venereal disease. Confounded with scrofulous affections, they were unskillfully and unsuccessfully treated, and accidents resulting from the syphilitic taint were regarded as arising from simple causes. If then the work before us supplies the knowledge by which a correct diagnosis may be attained in these obscure cases, no one will doubt that the author has made a most valuable contribution to pathology and practical medicine.

We have no hesitation in declaring our belief that Dr. Taylor has produced a most valuable monograph on this subject, and that his work will be found to embrace matter of practical as well as scientific interest not to be found in any other. He gives the history of twelve cases observed by him throughout their progress, and presents a clinical account of the lesions, for a knowledge of which we have hitherto been obliged to look to the pathological anatomist. Among his cases are two in which a separation of the epiphyses from the diaphyses took place, the subjects surviving, and affording the rare opportunity of watching the course of the lesion to its ultimate results. These lesions, Dr. Taylor is convinced, result not only from congenital but also from an acquired syphilis, and may supervene at any period during the growth and development of the bony skeleton.

As to preventive treatment in the mother, we are glad to find that our author has full confidence in mercury. In like manner he recommends mercury, combined with the iodide of potassium, for the child, holding medication through the mother to be wholly inefficacious. While taking medicine the child is to be nourished by its mother's milk.

It is gratifying to meet any where with a work on medicine so original, so complete, so practical as the one before us, but it is doubly so to recognize in it the work of an American physician. We are very sure that it will be hailed by the profession every where as one of those installments to medical science which are made only at long intervals and by the most profound and accurate observers.

An Address delivered on the occasion of the Celebration of the Centennial of Chemistry. By Benjamin Silliman, of Yale College.

This address was delivered by Prof. Silliman at Northumberland, Pa., on the 1st of last August, where the chemists of America had met to celebrate the hundredth anniversary of the discovery of oxygen by Priestley. It recounts faithfully the events in the progress of chemistry in our country during the century, and shows that in the wonderful development of the science during the period American chemists have borne an honorable part. The great names associated with chemistry on our continent are given in connection with their labors, and the history is one which will afford pleasure to all who are interested in science. Prof. Silliman has done good service to the fame of his country by vindicating the claims of Americans to some discoveries which foreigners have claimed. He establishes beyond all possibility of cavil the title of Prof. Hare to the discovery of the oxy-hydrogen blow-pipe. As a whole, the history has been prepared with

great industry and care, and the account of the labors of our chemists will be read with pleasurable emotions by every American. A French writer declared a few years ago that "la chimie est une science française." All honor to France for her contributions to science. With Lavoisier it certainly first assumed a scientific cast and form. Let this be conceded; still Americans have a right to claim that they have done something for its advancement during the century.

- A Sketch of the Early History of Practical Anatomy. By Wm. W. Keen, M. D., Lecturer on Anatomy and Operative Surgery in the Philadelphia School of Anatomy.
- The History of the Philadelphia School of Anatomy and its Relations to Medical Teaching. By the same.

We thank Dr. Keen for these very interesting lectures, and we are sure every one who reads them will be equally grateful.

The first embodies many interesting facts, the very collection of which involved great research, relating to the history of dissection, and the author has woven them together both clearly and gracefully.

The second tells how the Philadelphia School of Anatomy commenced, what has been its progress, who its teachers, and who the celebrated of its pupils. To all who have been medical students in Philadelphia within the last half century this lecture will prove peculiarly interesting, while many of its facts may prove of value in the preparation of a larger history in some coming age. Dr. Keen has erected a monument to the memory of his beloved school which will not soon perish.

T. P.

Olinic of the Month.

SPONTANEOUS COMPLETE INVERSION OF THE UTERUS.—The Annales de Gynécologie contains a report of a case of this character which recently occurred at La Charité, Paris. The subject was a primipara, first and second stages of labor normal. The nurse left the patient to render attention to the child, having made no traction upon the cord; and not more than ten minutes after delivery, upon returning to her bedside, she found her in partial syncope, having lost a large quantity of blood, and a voluminous mass projecting from the vulva. The physician, called immediately, found between the patient's thighs an ovoid mass, the summit of which was formed by the placenta; this was detached as to its left half, but the right was continuous with the tumor. The placenta was detached, and the fundus being held in the palm of the hand, the body embraced by the fingers, gentle and steady efforts were made to replace the uterus, which after some time were successful in restoring the prolapsed uterus into the vagina. M. Gueniot, being called, completed the reduction by the fingers of one hand folded together like a cone, and covered with a double compress, pressing against the fundus, while the other hand was applied to the hypogastrium. The patient entirely recovered, though her convalescence was interrupted by abdominal swelling, delirium, diarrhea, etc.

MM. Homolle and Martin, who report this case with many more details than we have given in the translation, remark that it is interesting in several respects. Prompt intervention rendered reduction easy before complete retraction of the neck. All authors—Courty, Barnes, Cazeaux, Depaul,

Chevreul, and many others—agree as to the necessity for attempting immediate reduction in inversion of the uterus. Barnes and Chevreul advise in case of adherence of the placenta returning the entire mass, and then wait the spontaneous expulsion of the placenta. Courty, on the other hand, believes the placenta ought to be removed first, no matter what the adhesions, before attempting reduction.

In this case there was an entire absence of the acute pain which several authors signalize as accompanying the energetic contraction, which according to them determines the inversion. In reference to the etiology in this case, there had been no traction upon the cord, which is different from what has occurred in many other cases.

NEW MATERIAL FOR FIXED DRESSINGS .- Dr. R. J. Levis, of Philadelphia, recommends glue and oxide of zinc as the one dressing which fulfills all requirements; being cleanly in its application, drying with sufficient rapidity, removable without difficulty, exceedingly light, and withal very cheap. The material is ordinary glue, with which oxide of zinc has been incorporated at the time of using it, in order to cause it to harden rapidly. Several pieces of flannel, old blankets or worn-out underclothing answering the purpose admirably, are selected and cut the requisite size. One of these is laid around the limb, and the two edges are tightly stitched together along the anterior surface, allowing the edge to project above the seam; then the melted glue, with oxide of zinc, is painted upon this with a brush. The dressing may be strengthened by an additional layer of flannel or blanket saturated with the glue and oxide of zinc, and made to adhere to the underlying layer. A third or even a fourth layer may be thus applied, if it is deemed necessary, and the limb supported until the dressing dries, which requires from four to eight hours. The stitches of the seam on the front of the limb having been cut with scissors, the edges of this elastic case are sprung apart, and the dressing removed. The edges are then trimmed smooth and a number of eyelets inserted, in order that the case may be laced like a shoe, and the degree of pressure regulated.

This fixed fracture-apparatus is exceedingly light, is made from materials almost every where obtainable, and is much cheaper than the silicate dressing. There are at all times pieces of waste flannel or cloth about a large hospital which can be appropriated, while the glue and zinc could probably be supplied at a very low price per pound, a quantity sufficient for the manufacture of many such splints. Another advantage is its elasticity, which permits its removal without endangering the splint, for it can be pulled apart, and immediately springs into place around the limb to which it has been molded. By a little care and dexterity in stitching on the layers of flannel, the surgeon can readily shape the dressing so that both the leg and the foot are completely encased.

OPERATION FOR THE DESTRUCTION OF VARICOSE VEINS .-Mr. Charles Steele, of Bristol, describes (British Med. Jour.) the following method he employs for this purpose. In an ordinary case his plan is "to isolate the main vein or veins below the knee, compress above to define the vessel, make an incision at right angles to its axis, dissect out the vein without picking it, seize firmly with torsion-forceps, and drag out as much as possible, which seldom amounts to an inch. and cut off the piece as close to the skin as possible at both ends. I pass a probe through the removed piece, to be sure that the entire caliber is secured. The vein in the leg is emptied of blood by pressure. If it do not refill, I am satisfied; if it do, I remove portions which are prominent below. A horse-hair suture in the wound, a compress of cottonwool, and firm bandage complete the operation. After trying several dressings, I prefer the simple cotton-wool, as it soaks up blood and forms a good protection, which drops off like a scab, if healing by the first intention occur, and comes off easily, from becoming moist, if suppuration take place."

JABORANDI.—The indications for the employment of this drug can not yet be fully stated, according to Prof. Gubler, of Paris, but some of them are clear enough; namely, the anasarca and cedema met with in rheumatism, albuminuria, and diseases of the heart. Under its use M. Gubler has found serous effusions diminish, and by it he has cut short attacks of influenza. One of the most remarkable results which he has observed has been its effects on chronic bronchitis and emphysema with asthmatic paroxysms. In five or six cases the amelioration has been instantaneous. He met with the first of these in 1873, in a man to whom a cup of tepid infusion had been administered during an excessive paroxysm of asthma, and who fifteen minutes afterward began sweating and expectorating. Almost immediately after this his respiration became quite easy, the patient declaring that his malady had been taken from him as with the hand. The jaborandi may also be advantageously given in subacute rheumatism, as also as a salivary revulsive, like calomel. (American Journal of Medical Sciences.)

MEDICINES APPLIED TO THE UTERINE CANAL AND CAVITY BY MEANS OF CAPSULES.—Dr. E. P. Sale, of Aberdeen, Miss., now uses gelatine capsules as a vehicle for conveying medicines to the uterine canal, introducing them as follows: The patient being in the recumbent position, the speculum introduced, the uterine canal having been previously dilated and cleansed, the capsule is introduced either below or above the os internum by means of forceps; the patient retains her position for half an hour for the capsule to dissolve, or, if circumstances prevent her being quiet, the uterine mouth can be plugged with cotton to retain the capsule, or a pledget

of oiled cotton with a string attached can be stuffed high up in the vagina, which can be removed by the patient at will. The capsules used are the elongated No. I of Messrs. Plantin & Son. By this method nearly all medicines embraced in gynecological therapeutics can be applied; such as nit. silver, chromic acid, etc. All of these can be mitigated to suit the case by innocuous agents, as nit. pot., pulv. acaciæ, starch, lycopodium, etc. (1bid.)

Prevention of Pitting in Small-pox.—Dr. Ward has found the application of honey, painted on with a camel's-hair brush twice or thrice a day, to prevent pitting in small-pox. He also recommends it for cracks in the skin from frost. (Practitioner.)

The Local Treatment of Lichen Urticatus.—This skindisease, specially affecting children, is characterized by wheals, papules, and severe itching, worse at night, but independent of any discoverable parasite. It is treated by Dr. Mackey with an ointment consisting of equal parts of calomel ointment and extract of belladonna, or with one made according to the following formula:

DIGITALIS AND BROMIDE OF POTASSIUM IN DELIRIUM TRE-MENS.—Dr. Crighton has found the combination of digitalis and bromide of potassium, recommended by Dr. Milner Fothergill (Practitioner, vol. xiii, p. 407) very efficacious in a very aggravated case of delirium tremens, where the pulse was so rapid and feeble that it could not be counted, all nourishment was refused, insomnia was persistent, and agitation constant. The dose given was half a drachm of bromide of potassium with the same quantity of tincture of digitalis every two hours, and milk and beef-tea were given at frequent intervals. (Ibid.)

Administration of Castor-oil.—M. Potain recommends as the best method of concealing the unpleasant flavor of castor-oil to squeeze half an orange into a glass and pour the oil upon it; then, avoiding all disturbance of the liquids, to squeeze the juice from the other half of the orange carefully over it. The oil thus inclosed between two layers of orange-juice can be swallowed without the least perception of its flavor. (*Ibid.*)

TREATMENT OF AMMONIACAL CYSTITIS BY BENZOIC ACID. -M. Gosselin (Gaz. des Hôp.) states that the ammoniacal condition of the urine plays a large part in the production of accidents which occur after operations on the urinary passages, and that there is a great advantage in lessening it. Benzoic acid and the balsams which contain it, and probably also other vegetable products—such as salicinic and cinnamic acid, etc.—may conduce to this result. The product, hippuric acid, acts in several ways: I. By forming the hippurate of ammonia, which is less toxic than the carbonate of ammonia; 2. By retarding the decomposition of the urine, and consequently the production of carbonate of ammonia; 3. By preventing the formation of phosphatic deposits of an insoluble nature, which are a cause of cystitis, and may cause calculus in the bladder. The administration of benzoic acid should be advised in persons attacked with ammoniaco-purulent cystitis, and particularly if they are to be operated on for disease of the urinary passages. (The Doctor.)

TREATMENT OF VAGINAL DISCHARGE.—Dr. Guibout (Gas. des Hôpitaux) states that these discharges may be due to an excessive flow of the natural secretions of the parts, such as the vulvo-vaginal liquid, vaginal mucus, etc. Morbid secretions from the vagina are purulent, yellow, or greenish when

due to inflammation, while those from the uterus are glutinous. Ordinary leucorrhœa is but an exaggeration of the natural secretion, and is often due to ill health.

Dr. Guibout declares injections useless for these vaginal discharges. He employs the tampon, and generally cures his patients in from eight to ten days. Various astringent solutions—nitrate of silver, sulphate of zinc, perchloride of iron, and alum—are often employed; but these he has found to be so inconvenient for many reasons that he has completely put them aside for a solution of tannin, in which he soaks lint. A tampon thus made is inserted every day, and allowed to remain twenty-four hours. The patient is required to keep in the horizontal position, and to move as little as possible. On the removal of a tampon detersive injections are made before another is inserted. Dr. Guibout attributes benefit to the plugs from their acting as foreign bodies, modifying the vitality of diseased surfaces and keeping them apart. The astringent aids this.

Ununited Fracture treated by Transplantation of Bone.—The Aerstliches Intelligenz-Blatt, February, 1875, contains a clinical lecture by Prof. Nussbaum, of Munich, on ununited fracture, its pathology and methods of treatment, and particularly on the treatment by the transplantation of bone, in complicated gunshot fractures, resulting in an open false joint, with great loss of bone-substance and necrosis, where the cartilage incrusted extremities are merely bound together by a long, thin, tendinous band. He has had but one case in which he has employed the method, but with such success as to afford great encouragement to further attempts in the same direction.

A lieutenant, twenty-four years old, received a very severe gunshot wound in the right fore arm. The ulna was mashed in the middle, the splinters of bone had necrosed, the periosteum had been destroyed, and subsequent cicatrization had 356

resulted in a false joint, having about two inches and a half of open wound. The two approximating ends of the fractured bone were united by means of a thin fibrous cord. Although the radius was intact, the functions of the bone were so limited and its abnormal motion so exaggerated that the patient was invalided. Four years after, the patient being chloroformed, the false joint was exposed. Both ends of the fractured bone were thin, covered with a pointed cartilaginous process, and slightly united by means of a weak, tendinous, false ligament. The pointed cartilaginous extremities and the thin false ligament, being rather in the way than useful, were cut off with strong scissors. Next, the upper surface of the proximal end of the ulna was half sawn through about two inches and a half from its extremity, and with a sharp-cutting chisel this upper piece of the ulna, with its periosteum, was split off parallel with its upper surface, yet so that the periosteum of the pointed extremity and of the under surface were not both cut through; thus the detached portion of bone had still a slight nutrient bridge derived from the periosteal covering. Finally the portion of bone thus detached was so deposited in the gap that its internal upper surface now became external, the under internal, and the outer surface became the upper Had the transplanted portion been turned downward so that the now upper surface had become the under, the periosteal bridge remaining on the under surface must have been much more dragged upon and torn, and it would have been probable that the blood-communication through the connecting periosteal slip might have been entirely cut off.

In the gap in which the transplanted portion of bone had been placed a tolerably deep incision had been previously made into the indurated soft parts, to promote some inflammatory action in the neighborhood and to favor the adhesion of the introduced portion of bone. The wound was dressed with carbolized dressing and closed with seven sutures, and subsequently inclosed in a gypsum bandage furnished with a

trap-door. The operation was so successful that five months after the patient was returned to duty.

Prof. Nussbaum makes the following remarks on the two great mishaps after fracture, viz., healing bent or with considerable shortening. Supposing a case is met with within six months, the badly-united fracture should be simply broken up again under chloroform, as before the definitive callus is formed a refracture is neither difficult nor dangerous.

A linen cloth should be laid on the edge of a table, and the fracture to be rebroken brought quite to the margin. A strong pressure downward readily breaks the provisional callus, and it is best broken in the direction corresponding with the faulty curve, and should be commenced by extension, for which purpose an extension-bandage is most serviceable. Considerable risk is run in refracture, during this stretching, of rupturing some artery adherent to the callus, since the process is never effected slowly but always with a powerful jerk; but if the callus be broken up by bending inward, the necessary amount of stretching can be conducted slowly and surely. A good position having been obtained, the new fracture can be treated as a simple one.

If six or seven months have passed and the definitive callus has become of ivory hardness and stronger than the sound bone, should any attempt be made at refracture, it would remain intact, and the resulting fracture of the normal bone would render the condition worse than before. Under these circumstances only operation is of use.

Langenbeck employs two processes in the subsequent operative procedure on the bones. After having made a small incision in the skin he first bores through the callus at the angle. He then enters a small, fine key-hole saw into the hole thus bored, and cuts through the bent bones right and left to such an extent that merely a thin bridge of the cortex of these bones remains intact. The wound is then carefully cleansed. After granulation has taken place and

the integument has healed over he undertakes as the second part of the operation the fracture of the remaining thin cortex, and treats it, by means of a gypsum bandage, as a simple fracture of the bone. The idea is admirable. object of this partial sawing is that the mass of definitive callus, which has become as hard as ivory and could itself not be broken up, is readily ruptured when it has been about three parts sawn through, and the fracture can be effected at the "place of election." It is a matter of fact that the wound effected by boring and sawing portions of the operation produce such inflammatory reaction that the remaining lamellæ thereby become soft and elastic, and so the rest of the operation is rather a bending than a fracture. The most important advantage, however, of Langenbeck's operation consists in this, that when there is a wound there is no fracture, and at the time when one has to be made and treated there is no open wound.

American surgeons reduce the bones to be broken later on simply by drilling five or six holes through them. Szymanowsky saws a wedge-shaped piece out, three parts of the thickness of which he removes, and after the healing of the soft parts breaks through the remaining portion. Professor Nussbaum's plan is to avoid the sawdust and débris arising from the drilling and sawing operations by using a fine, sharp cabinet-maker's chisel. He chisels through about three quarters of the thickness of the bone, and then withdraws the chisel, allows the wound to heal, and afterward breaks through the remaining portion. (Canada Medical and Surgical Journal.)

ACTION OF HYPODERMIC MORPHIA,—One thousand experiments were made upon himself by M. Chouppe. He found that morphine injected in a painful spot develops its anæsthetic action in two to two and a half minutes earlier than when injected at a distance. Pain ceased sooner after direct

than after general application. A direct proof of the local action of the drug was derived from the employment of concentrated solutions. While an injection of distilled water and a weak solution of morphia $\begin{pmatrix} 1 & 0 \\ 0 & 0 \end{pmatrix}$ caused sharp pains at the point of insertion, strong solutions $\begin{pmatrix} 1 & 0 \\ 0 & 0 \end{pmatrix}$ cause no perceptible pains. Therefore it is better to inject at the seat of pain and to use concentrated solutions. (The Doctor.)

RETROVERSION. — Dr. Aveling tells (Obstetrical Journal) the following: The postural treatment of retroversion consists in lying or reclining upon the sides or, still better, upon the face. Prostration also is an admirable attitude. A remarkable anecdote in support of this is told of a lady suffering from retroversion, who made her complaint the subject of prayer, and was surprised to find it answered only while she was upon her knees. All pain ceased during the devotional act; that is, when she unconsciously adopted the proper postural treatment. (lbid.)

TREATMENT OF DIPHTHERIA AND SCARLET FEVER. - Dr. G. Mayer (Fahrb. f. Kinderk.) directs even in children under one year small pieces of ice to be put frequently into the mouth, followed, if possible, every minute or two by a teaspoonful of iced water. In severe cases the external use of cold, by means of an ice-bag applied round the throat, is very useful. The author has found that by this mode of treatment the fever soon diminishes, and the diphtheritic membrane is detached and expectorated. It is only in exceptional cases that the disease extends nevertheless to the larynx. But in one case the author was obliged, in order to reduce the temperature, to resort to cool baths. The latter he also found very useful in scarlet fever. Whenever the temperature exceeds 102° in scarlet fever the patient is to be placed for ten minutes in a bath of a temperature varying from 93° to 73°, according to the intensity of the fever. The effect of these baths in reducing the temperature lasts for two or three hours. (Canada Medical Record.)

TREATMENT OF GONORRHEA.—Dr. Haberkorn, in the Berl. Klin. Wochenschrift, writes that injections of permanganate of potassa, carbolic acid, sulphate of zinc, and other remedies have all proved more or less insufficient in the treatment of gonorrhea. After repeated experiments he has found the sulphate of quinine to be a far superior remedy, being prompt in its action and nearly painless. He directs a tea-spoonful of the following mixture to be injected three times a day, and retained for some time in the urethra:

R. Quiniæ sulphat., . . gr. xv;
Acid sulph. dil., . . Эj;
Glycerinæ, fl. 3 vj;
Aquæ, fl. 3 ij.

After three days a great improvement took place in all his cases.

LINIMENT FOR SCABIES.—Dr. Clemens gives the following formula: take of arsenious acid one grain, carbonate of potash fifteen grains, spirit of soap three drachms, spring water three ounces; the liniment to be rubbed twice daily on the part affected. It does not harm the youngest child. (Practitioner.)

Motes and Queries.

THE AMERICAN MEDICAL ASSOCIATION. - The American Medical Association met in Library Hall in this city, at eleven o'clock, Tuesday, the 4th of May. The president, Dr. W. K. Bowling, of Tennessee, having been introduced by Dr. J. M. Toner, of Washington City, the deliberations were prefaced by a prayer offered by Elder Lamar, of the Walnut-street Christian Church. The meeting being duly called to order, Dr. E. Richardson, chairman of the Committee of Arrangements, welcomed the association in an appropriate address. Dr. Bottsford, president of the Canadian Medical Association, was introduced by Dr. N. S. Davis, and invited to take a seat on the platform. The address of Dr. Bowling, which we give elsewhere, then followed. In the afternoon the various sections met and heard papers read on the practice of medicine, surgery, obstetrics, and hygiene, which gave rise to much discussion. They will be reproduced in the volume of Transactions.

Wednesday morning, the second day of the meeting, Dr. Gross read a paper, entitled "One of the Lost Arts." It was an argument for the revival of blood-letting. This was followed by a report by Dr. Flint on the progress of medicine. Both these papers were referred to the Committee of Publication.

Dr. S. B. Todd, of Lexington, announced that Dr. John D. Jackson, of Lexington, chairman of the Prize-essay Committee, was lying ill at his hotel, and moved a resolution expressive of the sincere regret of the association that he is unable to participate in its deliberations, and tendering

him the sympathy and condolence of the body at large. The resolution was submitted in writing, and unanimously passed.

At the meeting on Thursday morning Dr. Flint offered a similar resolution in regard to Dr. Lewis Rogers. He said:

"Mr. President—During the present meeting of the American Medical Association we have missed the familiar face and the active co-operation of one of the most distinguished members of our profession in the city of Louisville—Dr. Lewis Rogers. He is ill, and has been so for some months. Under these circumstances it seems proper that the association should express a tribute of respect to and sympathy for our worthy colleague. I therefore offer the following resolution:

"Resolved, That the American Medical Association tender to Dr. Lewis Rogers regret for the illness that has deprived the association of his presence and aid in the proceedings, and our hope that the profession and the community may again be blessed by his return to the enjoyment of health."

The resolution was adopted with an earnest unanimity.

Dr. J. Marion Sims, of New York, obtained the floor, the announcement of his name evoking loud applause. He arose to submit a report from the special committee appointed to devise plans for the establishment of the McDowell Memorial Fund. He spoke earnestly in behalf of the report, urging the association to be mindful of the obligations that the medical profession and humanity in general were under to the great "Father of Ovariotomy." The following is the report:

"Whereas, It is universally acknowledged that the late Ephraim McDowell, of Kentucky, was the originator of the operation of ovariotomy; and whereas, we believe that proper measures should be instituted to commemorate this great achievement and do appropriate honor to its author; therefore

"Resolved, That this association recommend to each of its members and to the profession generally to contribute annually such sums as they may think proper, until the amount of ten thousand dollars shall be accumulated, which shall be known as the McDowell Memorial Fund, the interest of which shall be devoted to the

payment of prizes for the best essays relating to the diseases and surgery of the ovaries.

"Resolved, That this fund shall be invested by trustees, to be appointed by the association, and subject to such regulations as it may desire.

"Resolved, That the association shall elect a board of three trustees, whose duty it shall be to carry out the object of these resolutions, and whose term of office shall continue five years.

"Resolved, That this association will leave to the state of Kentucky the grateful privilege of providing a local memorial to the memory of Dr. McDowell."

The Judicial Council reported adversely to the decision of the Committee on Credentials in the case of the College of Physicians and Surgeons of Louisville. The committee had declared Dr. E. S. Gaillard and others entitled to seats as delegates from the college. The council submitted the following resolution, which was adopted:

"Resolved, That the list of delegates appointed by the society known as the College of Physicians and Surgeons of Louisville, Ky., consists of Drs. Turner Anderson, Wm. Bailey, D. W. Yandell, Lewis Rogers, and J. W. Holland as the lawful and proper delegates from that society; and that the Committee of Arrangements should correct the registry of members for this meeting of the association in conformity thereto."

The delegates from the Louisville Academy of Medicine were not admitted, "simply," as the council expressed it in their resolution, "because it is believed that the association had already received from the State Medical Society of Kentucky, and the local societies in Louisville having a prior active existence, the full number of delegates to which the profession of Louisville is entitled." This was in conformity with the decision, previously made, of the Committee on Credentials.

A paper was read by Dr. E. M. Moore, of Rochester, N. Y., on transfusion of blood, which was referred to the Committee of Publication. The afternoon was occupied by the sections, as on the previous days, in hearing and discussing papers on a great variety of subjects. The following resolutions, offered by Dr. Toner, on the rank of the medical department in the army were adopted:

"Resolved, That this association learns with regret that no action was taken by the last Congress upon its recommendation in behalf of the medical department of the United States army, and that we respectfully renew our petition that Congress will enact such a bill for the benefit of the medical department of the army as will secure to its officers that share of rank and promotion to which we consider they are entitled, and which should be at least fully equal to that enjoyed by any other staff corps or by the medical corps of the army.

"Resolved, That a committee of five be appointed to call the attention of Congress to this subject and the petitions which were forwarded to the last Congress by the physicians of the United States."

The election of officers was the most interesting business of the fourth day. Dr. Atkinson has held the office of permanent secretary of the association for fifteen years, and is pretty sure to hold it as long as he is willing to discharge its duties, for his equal for the labors of such an office could hardly be found in the profession of our country.

Dr. Wood, from the Committee on Nominations, reported the following gentlemen to fill the various offices of the convention:

President—J. Marion Sims, of New York; First Vice-president—J. D. Jackson, of Kentucky; Second Vice-president—Samuel Lilly, of New Jersey; Third Vice-president—N. Pinckney, United States Navy; Fourth Vice-president—S. D. Seeley, of Alabama; Treasurer—Caspar Wister, of Pennsylvania; Librarian—William Lee, of District of Columbia; Committee on Library—Johnson Eliot, of District of Columbia; Assistant Secretary—Robt. J. Dunglison, of Pennsylvania; Committee on Arrangements—Wm. Pepper (chairman), Frank Maury, Albert Fricke, A. Hewson, S. W. Gross, Wm. Goodsell, and T. M. Drysdale; Committee on Publication—F. C.

Smith, T. M. Drysdale, Albert Fricke, and William B. Atkinson, of Philadelphia.

The report was unanimously adopted.

Dr. L. P. Yandell, sr., as chairman of the Committee on Prize Essays, reported that the committee had received several papers carefully written and marked by various degrees of merit; but that, after as careful an examination as the committee could make, they were not prepared to recommend any as worthy of the prize offered by the association. One of the papers submitted to the committee was a work of vast dimensions; it makes four volumes, and an aggregate of more than twelve hundred pages. The committee found it utterly impossible in the time at their disposal to look through this elaborate paper. It treats of "Excision of the Larger Joints," and the committee would recommend that it be submitted to a committee of experts, to report upon its merits at the next meeting of the association.

Dr. N. S. Davis moved the following:

"Resolved, That in the death of the late Dr. Jas. McNaughton, of Albany, N. Y., we recognize the loss of one of the earliest, oldest, and most distinguished members of this association; one who for more than half a century had been a noble example of the upright citizen, the untiring physician, the enthusiastic teacher, and the true Christian gentleman."

Dr. Bowditch, of Massachusetts, prefaced the resolutions of thanks to the citizens of Louisville which he offered by some very happy remarks. He said:

"This is the first time that I have been in the old Kentucky state, a state for which I have ever entertained the highest admiration. I have known and been connected with many of her great men, politically and professionally, and have consequently been led to think that it was a state filled with great men. I had heard of the hospitality of Kentucky, but I was not prepared to realize the overwhelming nature of the term as understood in the state itself. I came also with the desire of meeting my professional brethren from the South, and wanted to assure them that, however

much they had suffered, we also had suffered, and to offer them the right hand of fellowship. I think the record of the association will prove one of the strongest bonds in the future preservation of the Union. I have sat down with southern men and enjoyed the relation of their experiences upon the fields of battle. The dead of both sections should be held alike sacred, and the time will come when we shall decorate the graves of both Confederate and Federal soldiers. I should be delighted to stand by the grave of Stonewall Jackson and throw a chaplet upon it.

"For these reasons I am rejoiced to be here, to find my anticipations far more than realized. I sincerely thank the physicians of Louisville that they have kept true to their resolution of not allowing the use of wine during the meeting of the association. If any men should set an example for sobriety, they should be the physicians. I admit, however, that I am myself in the habit of taking a glass or two of sherry wine daily, but such was not

used intemperately.

"One of the most charming things connected with the association is the presence of woman. This always tends to harmonize matters, for when men get together they are apt to say things they would not say before their wives. Their influence here has been for good. This, with the absence of wine, has furnished a stimulus that is more praiseworthy and beneficial than any that could be produced by artificial means."

Dr. Baldwin, of Alabama, followed Dr. Bowditch in some thrilling remarks, of which the Courier-Journal says, "The gentleman's effort was characterized by a tropical fervency of feeling, which worked up the emotional capacity of every one present, and when he took his seat the building resounded with an outburst of applause, the intensity of which gave evidence that a responsive cord had been struck which would pulsate upon the social atmosphere from the savannahs of the South to the frozen lakes of the North, and from the rockribbed coast of Maine to the strands of the Golden Gate."

Dr. Davis, of Chicago, and Dr. Singleton, of Kentucky, continued in the same patriotic and happy strain. We again quote from the Courier-Journal as follows: "This short address was succeeded by another from Dr. Davis, of Chicago,

whose eloquence was as buoyant as ozone and as exhilarating as the frosts of his own northern home. While he respected and reciprocated the expressions of good feeling, come from whatever section it might, he could not find it in his heart to locate or bound such a sentiment. He knew no North, South, East, or West, but only his country; and whomsoever he loved he loved not as a resident of any particular section, but as a citizen of his country, as a fellow-countryman."

At the close of Dr. Singleton's brief address a call was made for a speech from Dr. Gross, who came forward on the platform, where he had been sitting, and said:

"Mr. President and Gentlemen—If I were gifted with the eloquence characteristic of the gentlemen who have just preceded me, I should indulge in a few remarks. As it is, I can only reiterate the sentiments that have been so beautifully expressed."

He then essayed to speak of his experience in Louisville, but the flood of tender recollections drowned his powers of speech, and he was forced to retire "amid the echoes of broken sentences, faltering words, and the throes of overwhelming emotion." "This episode," says the Courier-Journal, from which we have just quoted, "more eloquent than the studied contrivances of speech, melted every heart present, and many an eye unaccustomed to weeping filled with involuntary tears."

The round of speeches was concluded by a representative from the Lone-star State, who stated that in Texas sectional feeling had given place to love of the true fraternal ring, and that the graves of both the Federal and Confederate dead were annually strewn with the choicest flowers, and that the tears shed and grief manifested on such an occasion partook of mutual feeling. He concluded by indorsing the sentiments which had been uttered, and by issuing an invitation to all his medical brethren to come and partake of the hospitalities of his free-hearted fellow-citizens.

After some resolutions complimentary to the ladies of Ken-

tucky, and votes of thanks to citizens and railroads, President Bowling adjourned the association in the following address:

"Gentlemen-Before the adjournment of the twenty-sixth meeting of the American Medical Association we may be permitted to congratulate each other upon the general good feeling and perfect harmony that must make it memorable. The cherished members of our calling have graced this meeting with their presence and lavished the wealth of their ripe experience upon it, and the great city of the meeting literally overwhelmed us with a hospitality whose abundance was only equaled by its elegance. We have seen for ourselves at this great commercial capital goodly specimens of the beautiful women and gallant men of a state whose history brings a gorgeous chaplet to eloquence, song, and heroism. Gentlemen, the wise utilize all things possible - life, lightning, and liberty we have made conspicuous elements of hygiene, prophylaxis, and therapeutics. Let us make useful, in the future, memories awakened by our surroundings. We are on the magic land of Daniel Boone, Henry Clay, and Ephraim McDowell. What traits of character bear these honorable names to the heavens, and gild them with so divine a light! Will, indomitable, and courage that dared all things. The paths of the immortal trio all meet here. Let us light our torches at their altars and emulate their virtues. Let us will what is right, and dare to do what it indicates.

"Gentlemen, we now stand adjourned to meet again in Philadelphia the first Tuesday in June, 1876."

The meeting was one of the largest yet held, and it was marked throughout by good feeling. Not an incident occurred, from the beginning to the close, to disturb its harmony. The wise provision by which all questions relating to ethics or the admission of members is referred to a judicial council not only saves much time, but cuts off a vast amount of unprofitable if not angry discussion. This council—embracing as it does many of the most experienced, able, and influential members of the association—carries with it in its decisions a force of authority which settles nearly every question beyond the chance of an appeal. Its labors are immense; but, being performed by a few, the association is

left free to go on with the consideration of subjects strictly professional. This more-enduring work is done in the sections, and in the meetings of these the main interest of the association now centers. The papers read before the sections and the discussions thereby elicited will appear in the volume of Transactions, and we believe will be found worthy of the association. We have not space to give the titles of the various papers read, even if we were in possession of them.

One female delegate applied for admission to a seat in the association—Miss Georgia C. Glenn, of Ohio—but was refused by the Committee on Credentials. It is reported that Dr. Mary Walker had purposed making application for membership; but learning that her request would meet with opposition, she is said to have shaken off the dust of her feet against the learned body.

The social aspect of the association was very pleasing. A writer in the Courier-Journal remarks, "A more affable, good-natured, and really jovial assemblage in their personal intercourse could hardly have been brought together. It seemed to be a national reunion of very particular friends, all delighted to see one another. Of late years Louisville has entertained many conventions—religious, political, agricultural, scientific, and otherwise—yet none have shown such an array of positively good-looking and well-conditioned gentlemen. Seated in the hall, they form a very decorous, attentive, and appreciative body; their manner of conducting the proceedings being characterized by a deliberation and tip-toe method that is a natural sequence of their professional calling."

Referring to the receptions given to the members of the association, the same writer says, "The visiting doctors were the lions of the hour, and hospitality taxed itself to the utmost to do them honor and to show them the most distinguished consideration. The beauty of Louisville shone in all its radiant enchantment at the different houses, and the

invited guests vied with the hosts in welcoming and entertaining the strangers."

The meeting of the association at Louisville was one that tended to exalt the profession of medicine in the estimation of all classes of her citizens. Its members carry away with them the respect and best wishes of her people as well as of her physicians.

The following is the address of Dr. Bowling:

It is eminently proper that we should publicly acknowledge our profound thankfulness to the Great Giver for permission to see each other again in the flesh, and under his beneficent guidance to go forward with the work assigned this organized gathering of brethren; an organization of earnest representative professionals. whose fields of labor extend from ocean to ocean and from the lakes to the gulf, an area of almost inconceivable extent, recognizing every climate and capable of almost all the productions of the earth; so that should a ripple here and there mark the surface of our proceedings, let the astonishment it awakens be that it was not a wave instead. The seaboard, with its vast commercial marts, wealth, and concomitant refinement, has its delegates here; the inland sea, whose borders are just becoming instinct with human life, and whose peoples have widened the area of possibilities, with cities seemingly the creations of fancy rather than mammoth realities, is represented; the dwellers amid the Appalachian hills and in the cañons of the Sierra Nevada have here their professional aspect represented; and that plain on which their waters are shed, so vast that an attempt at mental measurement confuses the imagination and bewilders thought, has its great workers here.

A national association of medical men was without precedent when this was ushered into existence by the genius of one man, watered by his parental solicitude, and sustained by the co-operation of his brethren; all stimulated by a common hope that good must come of it in cementing the brotherhood in unity of purpose and intensifying its power for the achievement of good to the profession, and consequently to the public at large. Thus organized, and freighted with the hopes and blessings of every loyal medical heart in the country, it has literally drifted through a generation. Composed of the representatives of wide-spread and independent medical masses, with many-sided hopes and aspirations, many with a

freedom of thought and expression peculiar to their latitudes, it has seemed in turn to delight in representing every shade of medical politics. But it still lived, and every year its ancient friends met with new representatives in council, and, renewing their allegiance, lighted again their torches at its altar. The contributions of old and new were printed, and in a bound book sanctified to posterity.

It is good occasionally to recall the grand objects its founders hoped to achieve through its instrumentality. They were: 1. To give emphatic expression to the views and aims of the medical profession in this country; 2. To supply more effectual means than have hitherto been available here for cultivating and advancing medical knowledge; 3. To elevate the standard of medical education; 4. To promote the usefulness, honor, and interest of the medical profession; 5. To enlighten and direct public opinion in regard to the duties, responsibilities, and requirements of medical men; 6. To excite and encourage emulation and concert of action in the profession; 7. To facilitate and foster friendly intercourse between medical men; 8. To take cognizance of the common interest of the medical profession in every part of the United States. Organized for the achievement of eight distinct purposes, which in the aggregate, if accomplished, were to confer upon the profession of medicine in America a glory which the ages had not vouchsafed to it in any country under heaven.

It must be right that the memories of the older members of the association should be refreshed by occasional recurrence to the grand objects contemplated in the beginning, and that members of more recent date might have definitely set before them to what ends their labors were to be consecrated. With this view the occasion would invite allusions to these various objects; and

1. "To give emphatic expression to the views and aims of the medical profession in this country." These views and aims, in all their breadth and depth, twenty-five meetings of this body have emphasized in an unmistakable manner; nor were the aims and views of any body of men known to history ever stamped with a higher honor or a design more unselfish or exalted.

2. "To supply more efficient means than have hitherto been available here for cultivating and advancing medical knowledge." To show that this has been accomplished we need only point to the splendid library, rich in every department of medicine, of which this organization is at once author and publisher; a library that

will be the wonder of coming ages, recording and preserving the precious thoughts of original American medical writers, who, many of them, but for this encouragement had hardly committed them to paper.

3. "To elevate the standard of medical education." To this what can we say-what shall we say? Reports upon this subject by committees regularly appointed are among the most eloquent and philosophical papers of the transactions of this body. Never did the great and faithful of any calling lavish a greater expenditure of logic, illuminated with genius and learning, to secure its recognition among the noble as worthy of their sympathy and support than have those to whom the duty was assigned by this body to devise the best means to elevate the standard of medical education. The desire for its accomplishment seemed to be felt by all, but how it was to be achieved was apparent to none. Not unlike the efforts of the alchemist, the very failure inspired new struggles, the greater the obstructions the more potential the forces invoked to remove them. The association deserved success. The schools were the janitors at the portals of the professional temple, and their competition and rivalry to secure numbers measured the standard of medical education. Then sprung up the antagonism between the schools and the association, which ran through a period of seventeen years. As the efforts of the alchemists were not lost, though the myth of philosophy eluded their grasp, so also the association triumphed in what was considered a defeat.

Our chivalric fathers abhorred the standard of rebellion, and urged upon king and people with an eloquence which for pathos and sublimity is without parallel in English literature, beseeching only the recognition upon the part of the ministry of the rights and privileges of British subjects. For a maintenance of these a war was forced upon them that ended in converting a British subject into an American freeman. Our English ancestors, from disputes about privilege and prerogative, flew to arms to establish the equipoise, which ended in the overthrow of the one and an unhealthy augmentation of the other; failed in the establishment of a republic, but broke forever the backbone of insolent prerogative. A clash of ideas in France ended in an appeal to arms. The king was the state. The revolution of 1789 ensued, since which, amid innumerable changes, there has been none that does not make haste to declare that the people are the state! This great good,

not struggled for, Providence has secured to the French, who had vainly maddened through blood for the achievement of almost every thing else. Short-sighted man has thus overruled for his good his most heroic efforts in an opposite direction. In our own short history as a country, within the recollection of us all, stupendous sacrifices solved a problem undreamed of by those who precipitated them, and the history of mankind is luminous with similar examples; and those among us conversant with it are neither surprised nor disappointed that this organization, in all the years it has met and resolved and reported, finds itself as far as ever from the achievement of that desideratum adumbrated by its initial convention as the chief end of its creation.

The colleges, borrowing a word from the politicians and recognizing the association as national, opposed through their accredited organs any centralizing tendency. Medical schools multiplied, and while each adopted the Code of Ethics suggested by the association and was proud of being represented in it, was unwilling to concede to it any power over its local affairs, and thus for a quarter of a century they seemed antagonizing forces. The natural rivalry of the schools would suggest the power of the association to aid ends honorably labored for, which would as naturally stimulate opposition. If one school sought to strengthen itself and augment its classes by obedience to the behests of the association, its rival was as certain to oppose change as evidence of decay, and thus strengthen itself by a recognition of the landmarks of the fathers, and a determination to deepen their footprints by walking in them.

Meanwhile the association, in vibrating now toward one and anon to the other of these extremes, seemed attempting that difficult equestrian feat of riding at the same time horses running in opposite directions. The schools, while denying the authority of this body to prevent them doing as they pleased, were not indisposed to invoke its countenance in favor of any peculiarity to which any of them committed themselves. While its transactions therefore exhibit it as a gallant ship struggling to make headway when directly opposed to the wind, with its prow during the effort turned to every point of the compass, yet the skillful navigator knew notwithstanding that she was edging up slowly but certainly in the right direction; and the belief of this truth has sustained its friends from the beginning and secured their cheerful attendance, when the less observing could see no future from which the clouds

did not shut out the light of heaven. Such did not stop to consider how vast was the country here represented, and how widely different the outward circumstances of the men that constituted the association at any one meeting; one from a western wilderness, who, like Fanny Fern's father-in-law, would have to ride through the rain six miles, along a bridle-way, of a dreary December night, and pull a tooth for twenty-five cents, sitting beside a "brother" whose knife took to blood at a hundred dollars a drink a long time ago, and now wants more, and who visits his patients on silken cushions, housed in his two-horse coupe, along thoroughfares as smooth as a marble-top table. No representative body on earth is composed of men who, while all good and true, yet like this presents to the outward world aspects so diversified, so unlike, so seemingly opposite. To secure an esprit de corps among such representatives requires more than a year, more than a decade, more than a generation. The country which they represent is yet in its infancy, and its population, like its language, after a good Anglo-Saxon foundation, is mixed in its composition with the representatives of all the countries under heaven, and a blending, fusion, and consolidation of their descendants into that homogeneous nationality adumbrated by its motto-"out of many, one"must occur before its higher civilization can avow itself American.

A departed member of this body has eloquently shown how that process has been going forward, in what he delights to call the Great Interior Basin of North America, from the beginning, and which must be completed before we can present a national type which shall distinguish the North American as the Spaniard or the Frenchman is distinguished. The diversity which characterizes a community in general must apply equally to any special calling, as its preachers, its lawyers, and its doctors. History reveals to us the tenacity of traditions, and that many succeeding generations rise, flourish, and go down to the tomb unable to resist them, while not in words acknowledging their teachings. Communities thus compounded will find the same want of harmony among those they consecrate to special professional life as exists among themselves.

We offer this apology for any absence of persisting effort in one direction that may be chargeable to this body, composed as it is, after its permanent members, by representatives annually chosen, and the bulk in attendance living nearest the place of meeting. These things considered and allowed, our meetings have been as harmonious as could be reasonably expected. Still to return to the ship, that universal metaphor, the ocean it navigates knew rather more of storm than calm, and thinking men cast about for some Jonah on board who, pitched into the surging sea, might prove as oil to its troubled waters.

At Nashville, eighteen years ago, amid a storm of school representatives in this association, a resolution was introduced to so change our constitution as to keep the representatives of schools and hospitals as such out of this body. Under the rule it must wait a year for consideration. It was called up the next year at Washington, after great excitement about hospital representatives, and was lost by almost a unanimous vote. In 1869, at New Orleans, the same proposition was made. A greater storm at the meeting in Washington, in 1870, from school representatives caused deeper thought upon the subject; and at Detroit last year, seventeen years after the Nashville resolution, to the unspeakable joy of many, the constitution was so amended as to give a permanent quietus to this disturbing element and assurance of a calmer future.

As in the structure of our national constitution concessions were necessary to secure its adoption, which insured subsequent disaster, only second in importance to its defeat—yet as that defeat was to insure the overthrow of the temple of liberty then being erected, the most exalted patriotism did not hesitate, hoping that a little time would so consolidate its elements as to make it irresistible to any assault invoked by the very weaknesses necessary to secure its existence—so with our organization. But for the important concessions made to schools and hospitals in the beginning it might never have existed; yet life being thus infused into it, each succeeding year contributed to its unity and power, strengthening it against the destructive tendency of an inherent constitutional defect, and finally enabling it to rid itself of it forever.

Other changes of less importance have from time to time lent their aid toward securing for our society as much of finish and beauty as are compatible with the imperfection of the human understanding. By the aid of committees all disturbing influences such as once convulsed the assembly are quietly disposed of, and a stranger present during hours of business would regard it as equal in dignity and decorum to any representative body in the world. Though a little late perhaps in arriving at the full proportion and stature of manhood, the induration of its ligaments, fusion, and condensation of parts, with general unity and individuality, are doubtless the more perfect, and in consequence giving earnest of prolonged youth and an old age that shall know no decay. As of man so with his works; from the beginning of his life to manhood his entire existence revolves around himself. He may afterward bless his kind with new creations or discoveries, become a Moses or a Washington. All the past years of the existence of the association were necessary for its own development, for its crystallization, the hardening of its shell, and elaboration of its organs-all this for itself. It may now look abroad for the accomplishment of ends worthy of so prolonged an apprenticeship. Can it now, in the glory of its early manhood, take any profitable step toward the greatest end indicated by its fathers, and thus accomplish all the objects of its creation; or shall it, after all the waiting in hope all these years for its maturity, concede that its creation was a mistake and its existence a failure?

If then this body has not of itself accomplished all its friends hoped for in the beginning in elevating the standard of medical education, they must be satisfied to know that that standard notwithstanding has been regularly going up, fully abreast with the progress of our new country in every other department of human learning, and all the arts and appliances of a rapidly-developing civilization. The spring can only well up the waters sent to it, purifying them in the process, and the sea is but the representative of many waters. The schools must take such material as they can get, and make the most of it; and the American Medical Association, as in the past so now and hereafter, is obliged to consist of such representative medical men as the schools may prepare and fashion for its use. The stream can not rise higher than its source. A vast area, with a thin-spread population, "few and far between," may only boast of a log-cabin school-house, so remote from the scattered homes of many that a far-away boy is indebted to his pony for ability to reach it. He learns to read, and thus possesses himself of a magic key to store-houses "undreamed of in his philosophy," but his wildest reverie never sketched the shadowy outline of a college of any kind. Natural bone-setters and seventh sons may be blessings in an emergency, but the urgent medical wants of any community soon reach immeasurably beyond their ability, and the pony boy, who "reads like a book," is proud to see his parents besieged by their neighbors to make a doctor of him. A copy of Thomas's Blunderbuss, redeemed from kindred loft-rubbish, is procured for him, and he goes into it with all his might, and from the beginning of January to the end of September he reads it through six several times, from contents to index inclusive. He gets an idea of a medical college from this book, and after a consultation with the blacksmith writes pretty much at random to the president of a medical college of some distant city, where he imagines there ought to be such a contrivance of human ingenuity to help young gentlemen engaged in prosecuting their studies under difficulty. He is soon startled and surprised with a kind reply and a "catalogue" thrown in. Kith and kin are laid under contribution to raise the required sum, the whole neighborhood is astir in lending a helping-hand, and at the end of a week our hero, with huge saddle-bags, is astride his ever-faithful pony, with blessings like a storm of snow-flakes bringing up the rear, on a journey of a thousand miles, many hundreds of which are threaded by a bridle-way through a wilderness. The old folks at home are full of the event, and the distant settlers receive and dispense the intelligence to those still more remote.

At college he works like a Trojan. At the end of the session he returns to his forest-home, and his text-books, a pocket-case of instruments, and a hundred medicines in gold-leaf-labeled jars and bottles follow him. An office of poles and cat and clay awaits him in the corner of his father's yard. He is a marvel and a wonder to all that country, and jumps into an overwhelming practice. His people are happy in him, and he is happy in his people. Who would disturb these relations if he could, and who could if he would? When that country is developed with roads and wealth and refinement its medical men to the manner born will be like it, as their predecessors were generations before like it then.

Learning and genius are lost upon semi-barbarians and recoil instinctively from their habitants. You may resolve as much as you please, after eloquent and interminable whereases, and in the future, as in the past, multiply reports that it ought not to be so, but the fact will still stare you in the face that it is so.

That the schools are all that their hopeful, faithful, and earnest teachers can make them, and that they accomplish all that is possible with the material intrusted to them, none ought to doubt; and that the country at large selects as good material as it possesses for the schools is equally indisputable. Nor should any believe that the youth selected for medical schools are, in respect of preparatory education, a whit inferior to those selected for the law or divinity.

The question returns to us, What can the association now do in its early manhood honestly toward redeeming implied pledges in its infancy? Much, if it have nerve or backbone; nothing, if this be absent. The plan is simple, as all plans are that succeed. Logic and truth are simple, but without nerve the whole moral world is like an empty sack, utterly incapable of standing erect. The barrier to success has been removed by the abolition of school representation as such, and reducing the whole body to "lay" members. It was to secure the success of the plan to be proposed to elevate the standard of medical education that the resolution was introduced at Nashville, in 1857, to remove the schools from the association.

In the arbitrary numbering of the objects for the promotion of which this body was created, that of No. 8 is declared to be "To take cognizance of the common interest of the medical profession in every part of the United States." A very comprehensive power, assumed in the beginning, and never denied in all these years, will not be questioned now, when the moral frown of the association would be fatal to whoever or whatever connected with medicine should oppose the grand and benevolent objects that lie at its foundation. In taking cognizance of the common interest of the medical profession in every part of the United States it must go back upon itself, and acknowledge its recreancy to the high objects of the fathers, who wore away their lives in an unswerving devotion to it, not to exercise the sum total of its legal and moral force in securing a higher standard of medical education in this country than existed at the time of its inauguration.

Therefore let it be solemnly resolved by this meeting that it shall be regarded as derogatory to the character of any physician in any part of the United States to take under his care as a student of medicine any one who can not exhibit evidence of having taken a degree in a regularly-chartered college, or a certificate of qualifications necessary to become a student of medicine from a board of examiners appointed for that purpose by the American Medical Association. This will do the work.

Territories and new states in a country like ours, in a formative state, will provide themselves with medical helps in the mode we have described, which, existing outside of this body and independent of it, will occasion it no concern whatever. Nor would the schools suffer pecuniary loss under this rule. When it was generally known, as it soon would be, young men desiring to enter the profession would earnestly devote themselves to the duties of preparation, nor relax their efforts till possessed of the degree or the certificate.

Again, many educated young men under this rule would turn their attention to medicine, whose votaries were to consist of their peers, who under the existing rule would not risk its leveling influences. Let the doctorate imply something more than "two full courses of lectures, the last of which in this institution." Besides, it would give the college an ample excuse for not receiving every uneducated, lazy dolt who desired to make a living under false pretenses.

There is nothing really binding in the rule suggested. The only power in the matter is the great moral weight of the association. It enacts nothing, but simply asserts what every member of it knows to be right. After a few years such a certificate of the examining board or evidence of a college degree might be declared necessary in order to enable an applicant for membership in this body to secure admission; for surely it is the common privilege of all organizations to judge of the qualifications of their own members. Then will the certificate of membership here pass the holder any where as a gentleman and scholar.

It is precisely in this way that the medical department of the army and navy is purified. The adoption of this addition to the Code of Ethics would furnish medical gentlemen an excuse for getting rid of applicants for office-study whose preliminary education they know to be defective, and whose relations they would dislike to offend by saying so.

Neither would this rule exclude any one from being a doctor. In a vigorous republic there will always spring up men who by genius and long self-training literally hew their way to greatness in all of the professions, while many more will pass through colleges, winning all their honors, to shrink into insignificance and pass through the world unknowing and unknown. For the former heaven has made ample provisions and stamped them as the no-

bility of nature, whom this body can neither depress nor elevate—nay, nor could an association of angels.

Under the old plan, as under the new, the schools must furnish the association with delegates; but under the new the delegate was passed upon and accepted before he was medically born. In this latter case the association begins de novo, with the beginning. It is present at both ends of the line. In the former case it proposed to arrange the plumage of another party's chicken, to groom the steed of another. The proposition was arrogant, and excited opposition and clamor. The chicken was from the prairie and the steed from the desert, captured by the schools, were theirs, and they naturally threw about them the ægis of protection. Examining boards, after two courses of lectures, were boards born out of time. and their tender mercy to the callow brood was not to be trusted, and the preposterous suggestion was scouted. The new plan is a medical sandwich. The schools are a slice of ham between an upper and lower layer of association bread. It must be clear to every thinking mind that the plan, while eminently just and proper, places medical education in the United States where it ought to be, with every thing else pertaining to the profession, in the power of the American Medical Association. Medical education per se will take care of itself, the emulation of the schools being altogether sufficient for the maintenance of its great interest. It is the preliminary education of those who would enter the profession that must be looked to. It must be every where known that no medical college nor any other contrivance short of the fiat of the Almighty can make a physician out of an uneducated man; that medicine is the cap-sheaf of all knowledge, and the belief that prevails that it can exist in the absence of its legitimate supports is only equaled by that which "materializes" the spirits of the departed before the resurrection.

God opened the Red Sea to the leader who was skilled in all the learning of the most learned people in existence; the greatest body of water is the lowest; and the foundation of the redemption of the world was confided to the lowly; still when the glad tidings were to be carried to the learned nations a profound logician and a philosopher received the appointment, and all, and therefore the greatest, of theological upheavals that have since convulsed the world trace their origin to brains of the most elaborate culture. The god-like Clay, in his speech to his old neighbors upon retiring

from the Senate of the United States, among the obstructions in the path of his early life, alludes feelingly to his "imperfect education." Drake, on whose triumphant theater we are, and whose mighty spirit hovers about it like the aroma of the broken vase, would not go to Europe in his old age, being ashamed of his want of knowledge; and he whose great soul conceived and planned this organization, and whose eloquent pleadings have held it to its moorings, amid storm and sunshine, through a generation, in a heroic struggle to secure a higher educational plane for his beloved profession, declared that a defective early training had met and abashed him at every turn in his professional life.

While it is a duty we owe to a common brotherhood to sustain every member of it, yet those not born into it can not complain of our action, they having nothing at stake in our profession, while its votaries leave them the whole world besides as scope and verge enough for the exercise of their genius.

The attempt to communicate to this body per se information upon a subject in regard to which one member knows as much as another would be to manifest a pitiable degree of idiocy; but the circumstances not only justify but demand allusion here to whatever ought to reach the public at large, stamped with the authority of the association, which could in its own language "promote the usefulness, honor, and interests of the profession, and enlighten and direct public opinion in regard to the duties, responsibilities, and requirements of medical men.

During the past year a "scientist," whatever that means, having the supervision of a department of a widely-circulated political newspaper, published therein that the medical profession had not advanced a step in seventy years; and this cry from many quarters, so prolonged and persisting, has established a popular belief. "To enlighten and direct public opinion," it is proper to state that a member of this body, our late lamented lexicographer, among the chiefs of learning and industry in his generation, and alike an ornament to his profession and to human nature, "to meet," as he writes, "the progress of medical science," in the sixth and seventh editions of his dictionary, added nine thousand terms and subjects; and in the eighth edition, twenty years ago, the same progress required four thousand more terms and subjects; and the edition of 1865, to the same end, required sixty-five pages of new terms and subjects. That a profession, stationary or in an active

retrograde movement from some fancied height, should require all these new terms and subjects during its decline is simply ridiculous; and those among us who believe this, and who have aided in fixing this belief upon the public, have for the time but yielded to the flattering and seductive influences of a generous imagination.

Old politicians, being crowded out, very naturally conclude that the new ones are but imitating Phæton's drive to destruction, and that the country under their guidance must inevitably go to pieces. Old men always have their lines cast in degenerate times, and the only consolation remaining to them is the reflection that their degenerate days will be the grand old time of patriotism, honor, and manhood of their descendants. One needs no better authority than all the editions of Dunglison's dictionary to assure him that during all this century particularly the progress of medicine in all the countries of civilization has been onward—right on—receiving not the slightest check from internal commotions or outward pressure; but, like the tread of a mammoth, literally crushing out whatever accident or design placed upon its pathway.

That our own country has during this period contributed as much to this development as any other no unprejudiced observer will dispute. During the last generation especially it has figured conspicuously on the frontier of medical progress; and that this association has accelerated the movement is equally beyond controversy. As the iron-shod steed speeding along the night-shrouded turnpike illumines his way by the fire his own progress strikes from the resisting rocks, so this body, in doubt and darkness, often when scorners smited and good friends hesitated caught fire from the very friction of opposing circumstances, and emerged self-glorified on its march to triumph.

Gentlemen, western medicine for a long time established its Mecca at the falls of the Ohio. Whatever the fashioners of taste may determine, the medical heart can not go far astray in recalling the Titans that officiated at its altars. Many of them "sleep well after life's fitful fever," but the rock-girt and rock-floored river in the neighborhood of their ashes, as it throws its disturbed waters over the cascade, will chant their requiem while grass grows or water runs. One,* in a green old age, whose fame has filled the world, stands, like the statue of a demigod poised on the apex of his monumental shaft, far above all surrounding things, pointing

to an earlier day-star than greets the vision of ordinary mortality. Another,* happy in the memories of a well-spent life, the charming grace of whose cultured pen has left an imperishable record, lingers in the peaceful enjoyment of that subdued and enchanting twilight of life, between sundown and the "deeper gloaming," so in harmony with the spirit of the good, and, having thrown his mantle on other shoulders, patiently awaits the "translation." One, the Galen now of the great city of the republic, garners the golden sheaves of a crop sown long ago and thoroughly cultivated. Another, the American Dupuytren, on the fringe of the sunny land of the orange and the magnolia, with the premonitions of a glorious sunset gathering about him, in faith and hope, is also ready. We know that their example is not lost on those who have taken their places in the flourishing medical institutions of this noble city, a city whose munificence to medicine has entitled it forever to the kindest memories of the profession.

Kentucky State Medical Society.—The report of the proceedings of our State Medical Society was unavoidably crowded out of our last number. The society met at Henderson on the 6th of April, and in some respects the meeting was the most interesting ever held. Nowhere was the society ever before so cordially received or so hospitably and elegantly entertained by the citizens. We accepted this as an expression of the high esteem in which the medical profession is held by that refined community, the medical men of which have presented to them as worthy examples as are any where to be found of the cultivated, benevolent, high-toned physician. The meeting at Henderson will be reverted to by all the members who had the good fortune to attend it as a spot of azure in a clouded sky, or as a palm-clad island encountered in the midst of a troubled sea.

The address of the president, Dr. Baker, abounded in sound thoughts and wise and pertinent suggestions happily expressed. We are not sure how one idea advanced in it will be received. The president condemned the practice of

^{*} L. P. Vandell.

indiscriminate charity to ministers of the gospel—to putting all alike, as he expressed it, on the list of paupers. Preachers who receive competent salaries, he thinks, ought to pay their doctors like other people.

Papers were read before the society by Dr. W. H. Long, of Louisville, Dr. J. Hale, of Owensboro, Dr. R. F. Logan, of Shelbyville, Dr. W. E. Ryon, of Simpsonville, Dr. J. P. Thomas, of Christian County, Dr. J. L. Cook, of Henderson, and by Drs. Reynolds, R. Brandeis, Fenner, T. J. Griffiths, Holloway, D. W. Yandell, and L. P. Yandell, of Louisville.

The officers of the society elected were Dr. J. A. Hodge, president; Drs. Turner Anderson and O. Newland, vice-presidents; Dr. J. W. Singleton, recording secretary; Dr. J. A. Larrabee, treasurer; and Dr. J. J. Speed, librarian.

The society adjourned, after a session of two industrious days, to meet on the first Tuesday in April, 1876, at Hopkinsville.

We regret to have to state, as we do on the authority of the treasurer, that unless delinquent members come forward promptly with their arrearages the volume of Transactions issued by the Committee of Publication this year will necessarily be a very meager one. Much work was laid out to be done by committees before the next meeting.

WARNER & CO.'S PHOSPHORUS PILLS.

Per Hundred

Phosphorus is an important constituent of the animal economy, particularly of the brain and nervous system, and is regarded as a valuable remedy for the following diseases, such as,

LAPSE OF MEMORY, SOFTENING OF THE BRAIN, LOSS OF NERVE POWER, PHTHISIS, PARALYSIS, IMPO-TENCY, CONSUMPTION AND NEURALGIA.

The pilular form has been deemed the most desirable for the administration of Phosphorus. It is in a perfect state of subdivision, as it is incorporated with the material while in solution, and is not extinguished by oxidation.

This method of preparing Phosphorus has been discovered and brought to perfection by us, and is thus presented in its elementary state, free from repulsive qualities, which have so long militated against the use of this potent and variable remedy. This is a matter requiring the notice of the physician, and under all circumstances the administration of Phosphorus should be guarded with the greatest care.

Phosphorus as a Remedy for Neuralgia.

The following table is taken from a valuable paper contributed to the "London Practitioner" by Prof. J. Ashburton Thompson, on the use of Phosphorus for the above-named complaint, large doses being employed by him, (the 1-25 gr. or more) and with marvelous success. He records 18 cases, as will be seen by table below, and arranges them in three classes—Acute Primary Attacks, Acute Recurrent Attacks and Chronic cases. Six cases occur in each class. In the first class the ages ranged between 25 and 46; in the second between 30 and 40; in the third between 24 and 40.

Some of the patients suffered from Trigeminal, some from Cervico Occipital, some from Cervico Brachial Neuralgia, and one in the second class from Sciatica. All the cases in the first two classes were cured; of the third class three were cured, one of the patients having been afflicted 16 years, without a week's freedom from pain.

Sex.	Age.	Nerves Affected.	Duration of Attack.	Extreme Duration of Treatment.	Complication,	Result,
		PRIM	ARY ACU	TE CASES).	
M F M F	40 26 25 46 23 26	R. Trigeminal. L. Trigeminal. Cervico Occipital. L. Trigeminal.	4 days, 14 days, 21 days, 12 hours, 14 days, 6 days,	4 days, 10 days, 24 hours, 12 hours, 48 hours, 12 days,	Catarrh, Anaemia, None, General Derangement, Lactation, Catarrh,	Recovery
		RECUR	RENT AC	UTE CASI	ES.	
F F F F	60 33 32 35 30 30	R. Sciatic. L. Trigeminal. R. Trigeminal.	15 days. 5 days. 21 days. 10 days. 14 days. 7 days.	36 hours, 6 days, 24 hours, 4 days, 5 days, 48 hours,	Decay of Nature. None. Lactation. Phthisis, Debility.	Recovery
			CHRONIC	CASES.		
F	28 24	R. & L. Trigeminal. (Cervico Brachial. R. & L. Trigeminal. (Occipital, R. & L.)	18 months. 4 weeks.	5 weeks. 9 days.	Phthinis.	Relief.
M F F	35 36 26 40	Trigeminal. Cervico Brachial. R. & L. Trigeminal. R. Trigeminal.	12 months. 2 months. 16 years. 4 months.	12 days. 14 days. 18 days. 15 days.	Nervous Debility. Pregnancy. None. " (Decayed Teeth.)	Cure.

PHOSPHORUS AS A NERVE TONIC.

Its use is supported by no less authority than Prof. Delpech, Prof. Fisher, of Berlin, Dr. Eames, (in the Dublin Journal.) Dr. Burgess, and Dr. Hammond, of New York. The special treatment indicated in these cases is: ist, Complete rest of mind, especially abstention from all occupations resembling that upon which the mind has been overworked; 2d. The encouragement of any new hobby or study not in itself painful, which the patient might select; 3d. Tranquility to the senses, which expressly give in these cases incorrect impressions, putting only those objects before them calculated to soothe the mind; 4th. A very nourishing diet, especially of shell fish; 5th. The internal administration of phosphorus in pilular form, prepared by WM. R. WARNER & Co.

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WM. R. WARNER & CO		ladelphia.,	ia., PRICE		
SUGAR-COATI		PILLS.	Per 100	Per 500	
PIL ANALEPTIC.	(Wa	arner & Co.)			
B Fr. Antimanialis,		gr. LXXV			
" Res. Guaraci,		gr. C.			
" Aloes Sac.,		gr. LXXV	.60	2.75	
" Myrrhae, Mo-fiat pilulae, No. C.		gr. L. Dose 1=4 Pills		1	
PIL ANODYNE.	(W	arner & Co.)			
B. In Camphorae,		gr. C.			
Morphia Acetal,		gr. V.			
Est. Hyoscyami,		gr. C.	.75	3.50	
Ol. Res. Capsici,		glt. V.	21		
Ma fiat pilulae, No. C.		Dose 1=2			
PIL ANTICHLOROTIC.	(W	arner & Co.)			
Re Potass. Chlor.,		gr. C.			
Fori Chlor,		gr. L.	#1 B1		
Fu. Padaphylli,		gr. C.	.75	3.50	
Pv. Myrrhae,		2. L.			
Mo-fiat pilulae, No. C.		Jase 1=2			
PIL ANTICHOROMANI	A. W				
R Zinci Valer.		gr. CC.			
Ferri "		gr. XXV.	.75	3,50	
Cat. Sumbul,		gr. L.			
Mo-fiat pilulae, No. C.		Dose i=2			
PIL ANTISPASMODIC.	(W	arner & Co.)			
B Ext. Hyoscyami,		gr. L.			
Morphia Acetal,		gr. X.			
Brown Camphor,		gr. L.	.75	3.50	
Pr. Capsici,		gr. L.			
Mo-fiat pilulae, No. C.		Gose 1=3		ll .	

Warner & Co.'s Sugar-Coated Pills.		PRICE.		
warner & oo, s suga	ar-oualed Milis.	Per 1 0 0	Per 500	
PIL ANTIPERIODIC.	(Warner & Co.)			
Be Cinchonidiae Sulph.,	gr. C.			
Res. Podophylli,	gi. V.			
Strychnia Sul,	gi. III.			
Belsemin,	gs. V.	.50	3.70	
Ferri Sulph. Exs.,	gr. L.			
Ol. Ries. Capsici,	glt. X.			
Mo-fiat pilulae. No. C.	Pose 1-8.			
PIL ANTISPLENETIC.	(Warner & Co.)			
B. Su. Aloes Sac.,	gr. C.			
" Ammoniaci,	*			
" Moyrrhae, aa	gr. L.	.60	2.7	
Ext. Bryony.	g1. C.			
Ma-fiat pelulae, No. C.	Wase 2=4.			
PIL ASTRINGENT.	(Warner & Co.)			
By Ext. Geranii,	gr. CC.			
Tv. Opii.	gr. XXV.			
Ql. Moenth. Pip.,		.60	2.7	
Ol. Res. Zingilier, aa	gll. V.			
Mo fiat pilulae, No. C.	Dose 1.3.			
PIL CATHARTIC. (Cholago	gue.) (Warner & Co.)			
Be Res. Todophylli,	g1. L.			
Fil. Hydrarg.,	gr. XXV.			
Ext. Hyoscyami,	gr. XII.	.30	2.7	
" Nuc. Vom.,	gr. VI.			
Ol. Res. Capsici,	gtt. XII.			
Me-fiat pilulae, No. C.	Dose 1-2.	1	1	

Wannon la Ca'a Cua	arner & Co.'s Sugar-Coated Pills.		PRICE.	
warner & co, s bug	ar-coaleu Filis.	Per 100	Per 500	
PIL ECCOPROTIC. By Ext. Aloes Soc.;	(Warner & Co.)			
" Nuc. Vomica,	gr. CC.			
Poes. Todophylli, Ol. Caryophyl,	gr. XXX. glt. X.		2.70	
Me fiat pilulae, No. C. PIL LAXATIVE.	(Warner & Co.)			
R. In. Alacs Soc., Sulphus,	gr. C. gr. XX.			
Res. Podophylli, Ros. Quaiaci,	gr. XX.	.60	2.70	
Syr. Thamni, Ma fiat pilulae, No. C.	Q. S. Gode 1-2.			
PIL SEDATIVE. B. Ext. Sumbul,	(Warner & Co.)			
" Valerianae, " Hyssoryami, aa	gr. L.	.74	3.50	
" Cannab. Ind., Me frat pilulae, No. C.	gs. X. Dose 1-2			
PIL TONIC.	(Warner & Co.)			
B Ext. Gentianae, Humuli,	gs. C. gs. L.			
Ferri Carl. Sacch., Ext. Nuc. Vomica,	gr. XXV.	.60	2.74	
Paes. Podophylli,	gr. IV.			
Ob. Roes. Zingilier, Mo-fiat pilulae No. C.	gll X. Gose 1-2			

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CINCHO-QUININE holds ALL the important constituents of Peruvian Bark in their alkaloidal condition. CINCHO-QUININE holds ALL the important constituents of Peruvian Bark in their alkaloidal condition. It contains no sulphate of quintidia, sulphate of cinchonida, cinchonida,

The cut below gives the size of the ounce phial and the form of putting up.

I have given the Cincho-Quinine a fair trial and am much pleased with it.—S. A. Ben-NETT, M. D., New Portland, Ind.

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I find it excellent.. It works well.—B.RAW-son, M. D., Findley, Ohio.

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I am so much pleased with it that I make it my chief remedy when bark preparations are needed. — J. DENNISTON, M. D., Ovid, N. Y.

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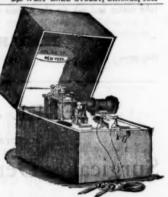
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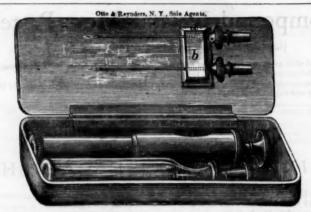
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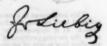
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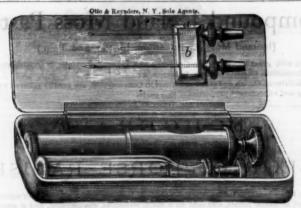
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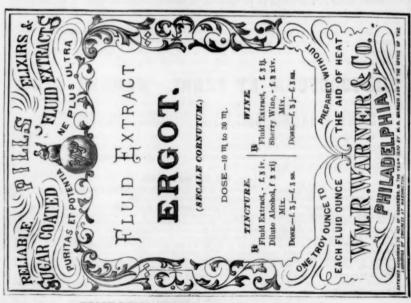
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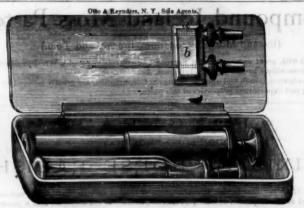
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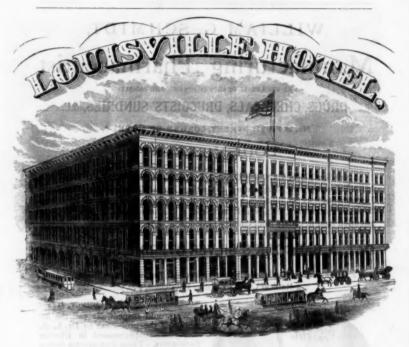
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NEW YORK, MARCH 2, 1870.

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BROOKLYN, N.Y.

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The COLLEGIATE YEAR in this institution embraces a READING and RECITATION TERM, and a REGULAR TERM OF LECTURES.

The READING and RECITATION TERM will commence October 2, 1874, and close at the commencement of the Regular Term.

The REGULAR TERM will open March 2, 1875, and close the last week in June following.

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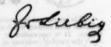
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CAUTION.—Physicians wishing to use a pure extract of beef will do well to specify the "La Plata," since it is never offered for sale until it has been analysed by Mr.

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It possesses not only all the nourishing qualities of the best Cod Liver Oil, but also the tonic, stimulant and alterative properties of Iodine, Bromine and Phosphorus, which are added in such proportions as to render it therapeutically five times as efficacious as pure Cod Liver Oil.

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DIRECTIONS FOR USE.-Dip a Plaster of the required size into water at the ordinary temperature for a few seconds, then apply to the part, and cover with a bandage.

They are made of two strengths, and are sold in boxes containing ten Plasters each. Plaster No. 1, of pure mustard. Plaster No. 2, of one half mustard.

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NUTRITIVE FOOD. For invalids and convalescents. It is readily assimilated and borne by the stomach. It combines with the soluble constituents of beef all the elements which experience has proved valuable as nourishment.

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On	Venereal	D	ise	286	8 8	and	D	ise	as	es	of	tl	1e	Sk	in,	By	PROF. L. P. YANDELL, JR.
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On	Anatomy	,			0 0											By	Dr. H. A. COTTELL.
On	Chemistr	y,	4			0							6	0	4	By	Dr. G. H. ANDERSON.
On	Obstetric	8,	•						9	0		9		٠	٠	By	DR. W. H. LONG.

Didactic Lectures will be given upon the Specialties of Medicine and Surgery, but the essential feature of this course will be CLINICAL INSTRUCTION and RECITATIONS from the text-books, it being the design of the Faculty to give the student advantages much superior, as has been demonstrated, to those obtained by ordinary office instruction.

In the illustration of the various courses, the MUSEUM, LIBRARY, and APPARATUS of the University will be used.

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The Spring and Summer Course of the University is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates, which will be taken as additional evidence of proficiency in candidates applying for the Medical Degree of the University.

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The Fee for the full Course is \$25.00, and entitles the holder to his Matriculation Ticket for the ensuing Regular Winter Session.

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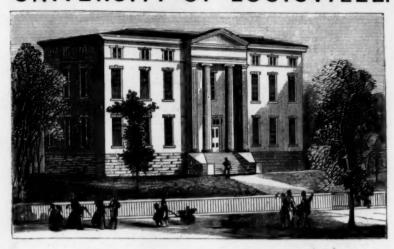
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Dr. L. A. Babcock's Silver Uterine Supporter, for the cure of Prolapsus, Retrover-ion and Anteversion. Warranted a radical cure. Price, \$25.00.

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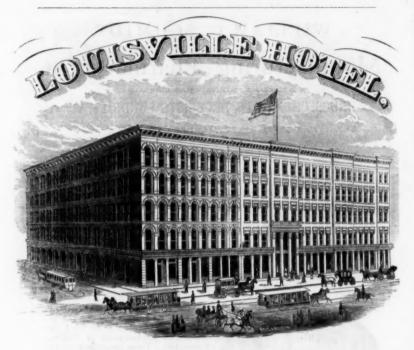
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DEAR SIR: Yours, with instructions, to hand. I speak as a lecturer on obstetrics and a physician of large experience in the treatment of uterine diseases, when I say that the more I become familiar with your invention the more valuable it appears to me; and I sed, for it supplies a want long felt.

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(ESTABLISHED 1855.)

NOTICE.

NEW YORK, MARCH 2, 1870.

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CHARLES A. SEELY, Late Prof. of Chemistry and Toxicology in the New York Medical College, and of Chemistry and Metallurgy in the New York College of Dentistry.

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NOTICE.

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This Elixir contains Iodine, Pyrophosphate of Iron, the active principles of anti-scorbutic and aromatic plants, and acts as a tonic, stimulant, emenagogue, and a powerful regenerator of the blood.—It is an invaluable remedy for all constitutional disorders due to the impurity and poverty of the blood. One of the advantages of this new preparation consists in combining the virtues of Iodine and Iron without the inky taste of Iodide of Iron.

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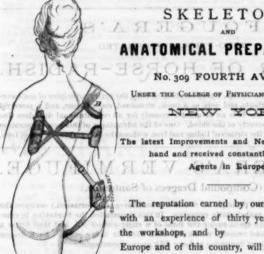
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E. FOUGERA & CO., New York.

"ELIXIR IODO" IN DIPHTHERIA.

From the Daily Press, IOWA CITY, Iowa, JAN'Y. 22d, 1875.

The general public is hardly aware of the painful extent of the Diphtheria epidemic which has prevailed in this city and country during the Fall and Winter. Beginning around that bad drainage in the Third ward, to which we have so frequently called the attention of the Board of Health, the disease has followed every sinuous slough and uncleaned gutter, finally passing on the very breath of nurse and visitor into higher and healthier parts of the city and thence out into the country.

Our physicians have treated it very successfully, one firm handling as many as eighty cases without the loss of one, but with all the skill lavished in some cases, entire families of children have been swept away.

The success which has attended the professional battle with this most dreadful and insidious disease, is due, in a large measure to the exhibit of an agent whose specific effect in those diseases which concentrate their evil force upon the mucous membrane, is of comparatively recent discovery. Those celebrated Chemists and Pharmaceutists, Measrs. Thouse & Co., N. Y., to whom the profession is indebted for so many excellent preparations, are entitled to the credit of introducing that which appears to control the dreaded diphtheris more effectually than any prescription which preceded it. The new remedy is their Elixar lode-Bromide Calcium Compound, in the use of which we are informed, our physicians have enjoyed such happy success. It has elsewhere the endorsement of the regular profession and of its best practitioners, so that we feel warranted in trying, by this allusion to its virtues, to call the general attention of physicians to its use.

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Letter from Prof. Shrader, in Iowa State University.

Gents.—During a late epidemic of Diphtheria, in this locality, I used the "Elixir Iodo-Bromide Calcium Compound," with decided success. Looking upon the disease as one of the worst forms of blood-poisoning, (Septicæmia) I gave the above remedy to meet that special indication, and was very much pleased with the results. I also used it locally, applying it with a camel's hair pencil, to membranous patches in the throat—it seemed to possess the power of preventing the spread of the diphtheritic membrane, and disintegration soon commenced under its use.

Letter from Dr. N. C. Moon, Iowa City, Jan. 25, 1875. [Eighty]cases of Diphtheria treated.]

During the past year my attention was called to the therapeutical effect of the Elixir Iodo-Bromide of Calcium Comp. Having used it in acute, sub-acute and chronic diseases of the mucous membranes, especially of the throat, with great satisfaction, it occurred to me from my experience with bromine, as one of the best remedies in destroying the false membrane in membraneus croup, that from its therapeutical combination, the "Elixir Iodo" must be a good remedy in Diphtheria. I therefore commenced its use in an epidemic which prevailed here during the past four months, and with the most surprising results.

Myself and son, have treated some eighty cases, from the most simple to the most malignant, using the "Elixir Iodo," in every case, and every one has recovered. It is therefore due to the profession that I state my method of treatment, so that they can make use of it if any desire to do so.

I usually dilute it with equal parts of water, and apply it with a soft brush to the inflamed surface, as well as to the ulcers, every three, six or nine hours, as required, and also give it in doses as required by the age of the patient, usually one teaspoonful every two, four or six hours; continuing this treatment until the patient be convalescent. I use the "Solution Iodo" externally, in some cases adding Tinct. Iodine and Croton Oil, if it is desired to produce immediate counter-irritation; of course other remedies were occasionally employed, according to symptoms and indications. In some when the patient could I would have them gargle with one teaspoonful of the Elixir, to half a tumbler of water, as often as required.

I have treated Diphtheria for eighteen years, and having used a variety of remedies, I am

better pleased with the "Elixir Iodo" than any remedy I have ever used. It removes the exudations and destroys the false membrane "like a charm" and also seems to promote absorption readily; in these respects it is superior to any, simple or compound remedy, brought to my notice.

I am of the opinion that Diphtheria is a constitutional disease, therefore, I give the remedy as a constitutional remedy. I am aware it is claimed by FLINT and other authors, that local remedies are of no importance; if so, why do one-third, if not one-half of the patients die when this theory is strictly adhered to. I believe in treating this disease with both local and constitutional remedies. Persons in a family not affected, should use this as a preventive,

I was called in consultation with an eminent physician where there were five cases. On my arrival, three had died, the other two were on the very verge of the grave; throats covered with false membrane, and necks enormously swollen. The cases had been treated scientifically, according to the best authors, and everything done that it seemed could be.

I suggested the use of the "Elixir Iodo," (their ages were five and eight years,) to be used in spoonful doses every three hours, the same applied to the throat every two hours. Owing to extreme prostration alternated it with Muriate Tinct, Iron, ten drops; Quinine, two grains every four hours; beef tea freely, and an injection of beef tea, Quinine and Whiskey. Our little patients rallied and made a recovery.

In one family we treated ten cases, one having died before our arrival. The cases were malignant in type. We pursued substantially the treatment I have mentioned, and they all recovered.

It is gratifying to have at hand a remedy upon which we can so surely rely, and since its virtues are known, our people do not seem to be so alarmed about the disease, if we treat them with this remedy, such is the reputation it has obtained here.

M. E. Dozier, M. D., Attalia, Ala., on Diphtheria.

Our infant son, aged eight months, was attacked on the night of the 5th of May, with a most alarming and dangerous case of Diphtheria. We promptly went to work trying to arrest the disease, but our efforts all failed, and our little patient grew worse, until we despaired of all hope. My father, Dr. T. H. Dozier, insisted on trying the "Elixir Iodo Bromide Calcium Comp." We reluctantly consented, as we did not wish to torture our darling any more; but a feather was procured, and being well saturated with the "Elixir," it was applied to the fauces, larynx, &c., over which the characteristic vesicles could be seen, and also applied freely to the throat externally. In less than a half hour our patient was breathing easier. The dark greenish appearance had assumed a more favorable hue. The vesicles seemed to be disorganizing, and the exudations much reduced in quantity.

The "Elixir" was also used internally, in twelve or fifteen drop doses, well diluted with water—every three or four hours. The same applied to the throat and fauces, as occasion required.

Our little boy is now well, and we feel grateful for the benefit derived from the "Iodo-Bromide of Calcium Comp.," and trust that it may even prove as valuable in other cases as the one just cited.

Dr. Colton of New York, on Poison in the Air.

"The thoughtful medical man can trace a fatal connection between the epidemics which invade our household and the enemy in our rear lots, which lurks around the corner, poisoning the air that enters our windows. It is these poisons that develop disease in our system, and most rapidly in those of a delicate and scrofulous constitution. Against those fatal forces we must combat. First purify the air by the use of an anti-septic, like Bromo-Chloralum, by hanging cloths in every room wet with it; and second prepare the system by tonics and alterative. There is no one article equal to Elixir Iodo-Bromide of Calcium Comp., especially with those persons of a scrofulous tendency, that so well prepares the system to resist these poisonous invasions.

"I have in a severe epidemic observed its great benefit as a prophylactic, and those cases of scarlatina and diphtheria in which I used it, the patient not only made a rapid recovery, but we had none of the constitutional disturbances which usually follow.

THE PREVALENCE OF DIPHTHERIA.—REPORTS ON ITS SYMPTOMS—TREATMENT AND PREVENTION.

Use of Bromo-Chloralum.

The Santtary Committee of the City of New York, submit the following propositions concerning diphtheria; and we have added, at the request of several medical men, short directions as to the use of Bromo-Chloralum—adapted to the several conditions of use.

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Bromo-Chloralum is a bromide and chloride of aluminium, is inodorous, and non-poisonous and has been found agreeable and potent.

A Striking Merit of Bromo-Chloralum is, that it operates by removal and not by creating an odor greater than the one sought to be removed. It can be applied in the most simple manner, diluting it according to the object or locality to be purified. Indeed one great element of its success is the capability of free diffusion, causing it to purify the air as well as the walls, ceilings and floors.

Mode of Attack.—Diphtheria is caused by the inoculation of the air passages with the diphtheritic poison, which, from this point, infects the whole system; the local inflammation is attended with the formation of membrane, (exudation;) the fever and general symptoms are the result of this local infection.

Personal Precautions.—It is impossible for any person to tell when they are exposed, it may be in foul horse-cars, the meeting of a person in business or social contact. The only safe course is to carry about the person a small bottle of Bromo-Chloralum, diluted one part to fifteen of water, and frequently use it as a mouth wash, swallowing a little, as well as thoroughly cleanse the mouth and throat with it every morning. This will prevent the poisonous impression upon the tissues, from the septic particles or diphtheritic poisons that float imperceptibly in the air.

How it Spreads.—Diphtheria is therefore a contagious disease, (not perhaps as marked as scarlet fever.) induced by contact with objects and persons infected; it may be diffused by the exhalations of the sick, and the air surrounding them; or directly, by the exudations, as in the act of kissing, coughing, spitting, sneezing; or by the infected articles used, as towels, napkins, handkerchiefs, &., the poison clings with great tenacity to certain places rooms houses, where it may occasion cases after a lapse of months.

To Prevent Spreading, hange large cloths or towels in the apartment, moistened with Bromo-Chloralum, diluted one to ten with water, to decompose all emanations, vapors or gases in the air of the room, and keep a gill of the same strength, in chamber utensila, and spittoons, also soak all towels, handkerchiefs and other articles used, in a dilution of one part to fifteen of water. Use freely as a wash and gargle.

Symptoms.—In ordinary attacks the poison begins to act the moment it lodges upon the tissues, but, like a vaccination, causes but slight sensible effects in from two to five days; there is marked prostration, dryness of throat, and pricking pain in swallowing; the throat becomes red, and patches of white exudation appear and the glands of the neck swell. In mild cases, these symptoms subside on the third or fourth day from the appearance; if more severe these symptoms may be prolonged; if unfavorable the fever increases, the local inflammation spreads, and exhaustion rapidly follows.

When the first Indications of dryness of the throat appear, gargle thoroughly with Bromo-Chloralum, diluted one to six of water, and even stronger; consult a physician, and if none are at hand, use the Elixir Iodo-Bromide of Calcium Comp. internally, and usual remedies upon the outside of the throat.

The Person.—Diphtheria attacks by preference, children between the ages of one and ten years, the greatest mortality being in the second, third, and fourth years; children of feeble constitution, and those weakened by previous sickness, and those suffering from catarrh, croup, and other forms of throat affections.

All persons or children suffering from Catarrh, Scrofula and other forms of throat affections, should gargle with the dilution, one to fifteen, and as an alterative to fit the system to combat these poisonous invasions, use the Elixir Iodo-Bromide of Calcium Comp. as recommended by Dr. Colton.

Social Relations —All classes are liable to diphtheria where it is prevailing, but those suffer most severely who live on low, wet grounds; in houses with imperfect drains, or surrounded by offensive matters, as privies, decaying animal or vegetable refuse; in damp rooms, as cellars; in overcrowded and unventilated apartments.

Seasons.-Diphtheria is not affected by either heat or cold, drought or rain.

Precautions—The Dwelling or Apartment.—Cleanliness in and around the dwelling, and pure air in living and sleeping rooms, are of the utmost importance wherever any contagious disease is prevailing, as cleanliness tends both to prevent and mitigate it. Every kind and source of filth around and in the house should be thoroughly removed; cellars and foul areas should be cleaned and disinfected; drains should be put in perfect repair; dirty walls and ceilings should be lime-washed, and every occupied room should be thoroughly ventilated. Apartments which have been occupied by persons sick with diphtheira should be cleansed with disinfectants, ceilings lime-washed, and wood-work painted, the carpets, bed-clothes, upholstered furniture, &c., exposed many days to fresh air and the sun light, (all articles which may be boiled or subjected to high degrees of heat should be thus disinfected.).

Dilute Brome-Chloralum, one part to fifteen of water, and sprinkle on the floors of apartments, cellars, and in areas, or where there is any accumulation of vegetable matter. Wash all sinks, easings, ceilings and walls with the same, and add to the white-wash, to be used in purifying the walls. Bed-clothes, after use, should be sprinkled or soaked with it and also all other objects liable to be infected. It has been demonstrated that one gallon in a barrel of forty gallons of water is sufficient to destroy all offensive emanations in Sewers and Drain Pipes.

Well Children.—When diphtheria is prevailing, no child should be allowed to kiss strange children, nor those suffering from sore throat, nor should it sleep with or be confined to rooms occupied by, or use articles, as toys taken in the mouth, handkerchiefs, &c., belonging to children having sore throat, croup, or catarrh. If the weather is cold, the child should be warmly clad with fiannels.

When Diphtheria is in the House or in the Family.—The well children should be scrupulously kept apart from the sick in dry, well-aired rooms, and every possible source of infection through the air, by personal contact with the sick, and by articles used about them or in their rooms should be rigidly guarded. Every attack of sore throat, croup, and catarrh should be at once attended to. The feeble should have invigorating food and treatment.

Suspend cloths or large towels in the several apartments moistened with it, diluted one part to ten of water, to purify the air. Every person should use a weak dilution as a mouth wash, occasionally swallowing a little. Use freely in all chamber utensils, sinks, water closets, and and all objects to be purified.

Sick Children.—The sick should be rigidly isolated in well-aired unlighted rooms, the outflow of air being, as far as possible, through the external windows by depressing the upper and elevating the lower sash. All discharges from the mouth and nose should be received into vessels containing disinfectants, or upon cloths which are immediately burned, or if not burned thoroughly boiled, or placed under a disinfecting fluid.

Suspend cloths or towels moistened as before directed. Keep same dilution in spittoons and chamber utensils, the handkerchiefs or cloths used, should be put into a vessel containing one part to fifteen and soaked. If children are too small to gargle, then apply to the mouth and throat with a large camel's hair pencil brush, whatever may trickle down the throat will do much good, and it may be applied to the nose in the same way.

Dr. BROCKET in his work, on Epidemic and Contagious Diseases, recommends that Bromo-Chloralum be used in this disease, and that it be applied in a spray, or directly to the soft parts with a brush, diluted one part to six of water, or even stronger.

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ALOES et FERRI.	-19	" Saponis,	
Pv. Aloes Soc. % gr. " Zingib Jam. 1 " Ferri. Sul. Exs., 1 " Ext. Cohii, ","	40	CENTIAN COMP. (Ext. Gentian, % gr. {Pv. Soc. Aloes, 2 gr (Ol. Carul, 15 gr.)	40
ALORS et NUC. VOMICA. {Pv. Aloes Soc., 11/2 gr.} Ext. Nuc. Vom., 1/2 gr.}	50	Soc. Aloes, Ferri, Sul. Exa., Ext. Helleb. N. HOOPER. Pv. Myrrh.	
ALOES et MASTICH. (Lady Webster.) Py. Soc. Aloes. "Gum Mastich. "Fior. Rosa.	20	Saponia, Canella. ZingibJam,	
ALTERATIVE.		HYDRARGYRI-3 grs	- 46
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ANDERSON SCOTS Pv. Soc. Aloes, Sabonia.		(Strychmin, 1-10 gr.) PODOPHYL et HYDHARG. (Pedophyllin, 34 gr.) Mass. Hydrarg., 2 grs.)	
" Fruct. Colocynth, Gamboge, Ol-Anisi,	40	GRANULES.	
ASSAFŒTIDA, U. S. P.,	40	AC, Arsenious, 1-20, 1-20, 1-50 grs. ,	46
ASSAFŒTIDA, COMP.		CORROSIVE SUBLIMATE, 1-12, 1-20, 1-40 grs	40
Ferri. Sulph. Exa. 1 gr,	40	EXT. Belladonna, Eng. 14 gr.	46
CALOMEL,-2 grs	40	Alliantes develos 1/4 figs a a s. a a a .	E4
CAMPHOR of HYOSCYAMUS.		Hyoseyamus, (Eng.) ½ gr	56
{Camphor, 1 gr. Ext. Hyoseyamus. (Eng.) 1 gr. }	. 60	LEPTANDRIN, 14 gr	4
CHINOIDIN,-1 gr.	40	MERCURY, Icd., % gr	4
COOKS.	10	" Red, 1-16 gr	14
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JOHN M. MAISCH, U. S. Army Laboratory,

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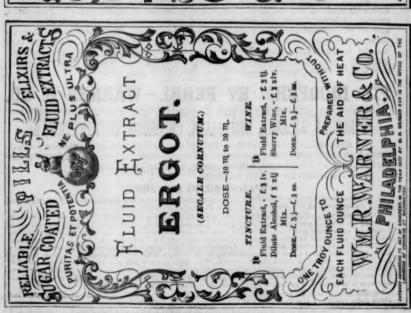
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Assafætida, 13 "	40	" Aloes Soc., Zingib.	46
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(Pv. Aloes Soc. 36 gr.)		GENTIAN COMP.	
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Ext. Conii.	1	Ol. Carul, 1-5 gr.	
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Pv. Aloes Soc., 11/4 gr.	50	Ferri. Sul. Exs., Ext. Helleb. N.	1
(Ext. Nuc. Vom., 1/2 ")	1	HOOPER. Pv. Myrrh.	40
ALOES et MASTICH. (Lady Webster.) (Pv. Soc. Aloes.)		" Saponis,	
" Gum Mastich.	50	" Canella, " ZingibJam,	
(" Flor. Rosa,		HYDRARGYRI-3 grs	40
ALTERATIVE, (Mass, Hydrarg., 1 gr.)		IPECAC et OPII.,-3% grs	50
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ANDERSON SCOTS		(Strychmia, 1-40 gr.)	-
Pv. Soc. Aloes,		PODOPHYL et HYDRARG.	
" Saponis, " Fruct, Colocynth,	1	Podophyllin, 1/2 gr. Mass. Hydrarg., 2 grs.	30
" Gamboge,	- 40	GRANULES.	
(Ol-Anisi,			
ASSAFCETIDA, U. S. P.,	40	AC. Arsenious, 1-20, 1-30, 1-50 grs	49
ASSAFŒTIDA, COMP. f Assafætida, 2 gr.	1	CORROSIVE SUBLIMATE, 1-12, 1-20, 1-40 grs	
(Ferri, Sulph, Exs. 1 gr.)	40	EXT. Beliadonna, Eng. 1/2 gr	40
CALOMEL -2 em	40	" Ignatia Am., 1/4 gr	86
CAMPHOR et HYOSCYAMUS.	40	" Hyoscyamus, (Eng.) ½ gr	40
(Camphor, 1 gr.		" Nuc. Vom. ½ gr	50
(Ext. Hyoscyamus. (Eng.) 1 gr.)	- 50	LEPTANDRIN, % gr	40
CHINOIDIN,-1 gr	40	MERCURY, Iod., 1/2 gr	40
COOKS,	1	" Red, 1-16 gr	
Pv. Soc. Aloes, 1 gr.	-	PODOPHYLLIN, 1-10 gr	
Calomel, 16 "	50	" %gr	
Pv. Saponis, 3 ")	1	STRYCHNIA, 1-16, 1-20, 1-30, 1-32, 1-40, 1-60, gr	40

Ma. W. R. WARNER, Pharmacoutical Chemist, Philadelphia.

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Jan. 10, 1863.

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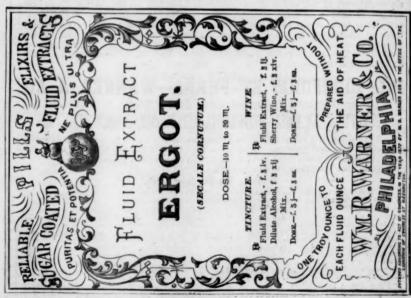
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(Camphor, 1 gr.		" Nuc. Vom. ¼ gr.
(Ext. Hyoscyamus, (Eng.) 1 gr.)		The amountained with the second
COOKS.	4	" " Red. 1-16 gr.
(Pv. Soc. Aloes, 1 gr.)		PODOPHYLLIN, 1-10 gr.
Calomel,	. 5	14 H 14 M
Pv. Saponis,	- 1	STRYCHNIA, 1-10, 1-20, 1-30, 1-32, 1-40, 1-60, gr

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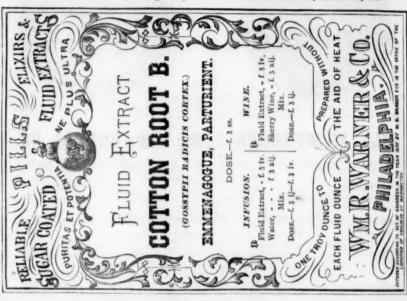
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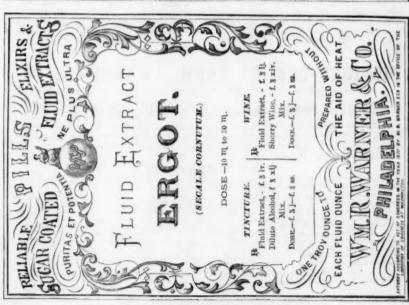


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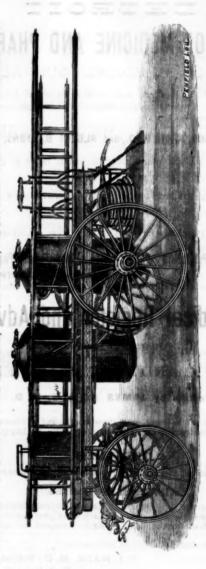
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and 30 drops Dilute Phosphoric Acid.

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This can be relied upon as a true phosphate, and there is probably no combination presenting in so permanent and eligible form these invaluable remedies, nor one that promises to become so universally popular with medical men. Each fluid-drachm contains 1 gr. Phos. Iron, 1 gr. Phos. Quinine. 13 gr. Phos. Strychnine.

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Combining the medicinal virtues of the Royal Calisaya Bark and Pyrophosphate of Iron, two of the most valuable remedies known to physicians. By careful manipulation the precipitation of the iron by the tannic acid of the bark is obviated, thus overcoming the nauseous inkiness so objectionable in most preparations of bark and iron. Each fluid-drachm contains 1½ grs. Pyroph. Iron and 5 grs. Royal Calisaya Bark.

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Contains an addition of 8-100 gr. Strychnia to each fluid-ounce, in a permanent solution, thus greatly increasing its tonic effects.

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Phosphorus as a Remedy for Neuralgia.

The following table is taken from a valuable paper, contributed to the "London Practitioner" by Prof. J. Ashburton Thompson, on the use of Phosphorus for the above-named complaint, large doses being employed by him, (the 1-25 gr. or more) and with marvelous success. He records 18 cases, as will be seen by table below, and arranges them in three classes—Acute Primary Attacks, Acute Recurrent Attacks and Chronic cases. Six cases occur in each class. In the first class the ages ranged between 25 and 46; in the second between 30 and 40; in the third between 24 and 40.

Some of the patients suffered from Trigeminal, some from Cervico Occipital, some from Cervico Brachial Neuralgia, and one in the second class from Sciatica. All the cases in the first two classes were cured; of the third class three were cured, one of the patients having been afflicted 16 years, without a week's freedom from pain.

Sex.	Age.	Nerves Affected.	ves Affected. Duration of Of Ouration of Attack. Duration Treatment.		Complication.	Result.
		PRIM	ARY ACU	TE CASES		
M F F M F	40 26 25 46 28 26	R. Trigeminal. L. Trigeminal. Cervico Occipital. L. Trigeminal.	4 days. 14 days. 21 days. 12 hours. 14 days. 6 days.	4 days, 10 days, 24 hours, 12 hours, 48 hours, 12 days,	Catarrh. Anaemia. None. General Derangement. Lactation. Catarrh.	Recovery
		RECUR	RENT AC	UTE CASI	es.	
F F F F	60 R. Sciatic, 33 L. Trigeminal, 32 R. Trigeminal, 30 " "		15 days. 5 days 21 days. 10 days. 14 days. 7 days.	36 hours, 6 days, 24 hours, 4 days, 5 days, 48 hours,	Decay of Nature, None, "I. Lactation, Phthisis, Debility.	Recovery
		0	HRONIC	CASES.		
F	28 24	{R. & L. Trigeminal.} {Cervico Brachial.} R. & L. Trigeminal. {Occipital, R. & L.}	18 months. 4 weeks.	5 weeks. 9 days.	Phthiais.	Relief.
M F F	35. 36 26 40	Trigeminal. Cervico Brachial. R. & L. Trigeminal. R. Trigeminal.	12 months. 2 months. 16 years. 4 months.	12 days. 14 days. 18 days. 15 days.	Nervous Debility, Pregnancy. None. " (Decayed Teeth.)	Cure.

PHOSPHORUS AS A NERVE TONIC.

Its use is supported by no less authority than Prof. Delpech, Prof. Fisher, of Berlin, Dr. Eames, (in the Dublin Journal.) Dr. Burgess, and Dr. Hammond, of New York. The special treatment indicated in these cases is: ist. Complete rest of mind, especially abstention from all occupations resembling that upon which the mind has been overworked; 2d. The encouragement of any new hobby or study not in itself painful, which the patient might select; 2d. Tranquillity to the senses, which expressly give in these cases incorrect impressions, putting only those objects before them calculated to soothe the mind; 4th. A very nourishing diet, especially of shell fish; 5th. The internal administration of phosphorus in pilular form, prepared by WM. R. WARNER & CO.

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Be In Antimonialis,	gr. LXXV.		
" Rees. Quaiaci,	gr. C.		
" Alaes Sac.,	gr. LXXV.	.00	2.75
" Myrrhae,	gr. L.		
Mo-fiat pilulae, No. C.	Dose 1-4 Pills.		
PIL ANODYNE.	(Warner & Co.)		
B Tv. Camphorae,	gr. C.		
Marphia Acetat,	gr. V.		
Ext. Hyoscyami,	gr. C.	.75	8.50
Ol. Res. Capsici,	gtt. v.		
Mo-fiat pilulae, Na. C.	Dose 1=2.		
PIL ANTICHLOROTIC.	(Warner & Co.)		
B Folass. Chlor.,	gr. C.		
Ferri Chlor.,	gi. L.		
Pv. Podophylli,	gr. C.	.75	8.50
Tv. Myrrhae,	gr. L.		
Mo fiat pilular, No. C.	Dase 1=2.		
PIL ANTICHOROMANIA			
Be Zinci Valer.	gs. CC.		
Ferri "	ge XXV.	.75	8.50
Ext. Sumbul,	gr. L.	,	0,00
Mo-fiat pilulae, No. C.	Qase 1=2.		
PIL ANTISPASMODIC.	(Warner & Co.)		
Be Est. Hyoscyami,	gr. L.		
Morphia Acetat,	gr. X.		
Brom. Camphor,	gs. I.	.75	8.50
Pu. Capsici,	gr. L.		
Me fiat pilulae, No. C.	Dose 1-2.		
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Be Cinchamidiae Sulph.,	gr. C.		
Res. Padophylli,	gr. V.		
Strychnia Sul.,	gs. III.		
Belsemin,	gr. V.	.80	5.
Ferri Sulph. Ers.,	gr. L.		
Ol. Res. Capsici,	gtt. X.		
Ma-fiat pilulae, Na. C.	. Dose 1=3.		
PIL ANTISPLENETIC.	(Warner & Co.)		
Re Pu. Aloes Soc.,	gr. C.		
" Ammoniaci,			
" Myuhae, aa	gr. L.	.60	2.7
Ext. Bryony,	gr. C.		
Mo-fiat pelulae, No. C.	Gase 2=4.		
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Tv. Opii,	gr. XXV.		
Ol. Menth. Pip., Ol. Res. Zingiler, an	gtt. v.	.60	2.7
Me-fiat pilulae, Na. C.	Dase 1-2.		
PIL CATHARTIC. (Cholagogr			
Be Thes. Todaphylli,	gr. L.		
Fil. Hydrarg.,	gr. XXV.		
Ext. Hyoscyami,	gr. XII.	.60	2.7
" Nuc. Vam.,	gr. VI.		,
Ol. Res. Capsici,	gtt. XII.		
Ma-fiat pilulae, No. C.	Jase 1=4.		

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mariner a con b bug	ar Coatea r mb.	Per 1 0 0	5 O
PIL ECCOPROTIC.	(Warner & Co.)		
& Ext. Alves Soc.,	gr. CC.		
" Nuc. Vamica,	gr. XX.		
Res. Podophylli,	gr. XXX.	.60	2.7
Ol. Caryophyl,	gtt. X.		
Mo-fiat pilulae, No. C.	Gase 2=4.		
PIL LAXATIVE.	(Warner & Co.)		
R. In. Alves Soc.,	gr. C.		
Sulphur,	gr. XX.		
Res. Podophylli,	gr. XX.	60	2.
Res. Guainci,	gr. I.		
Syr. Rhamni,	Q. S.		
Mo-fiat pilulae, No. C.	Gose 1=2.		
PIL SEDATIVE.	(Warner & Co.)		
& Ext. Sumbul, "Valerianae,			
" Hyoscyami, aa	gr. I	.75	8.
" Cannab. Ind.,	gr. X.		
Ma-fiat pilulae, No. C.	Dose 1=2.		
PIL TONIC.	(Warner & Co.)		
& Ext. Gentianae,	gr. C.		
" Humuli,	gr. I.		
Ferri Carl. Sacch.,	gr. XXV.		
Ext. Auc. Vamica,	gs. V.	.60	2.
Res. Podophylli,	gr. IV.		
Ol. Res. Zingiber,	gtt. X.		
Mo-fiat pilulae No. C.	. Dase 1=2.		

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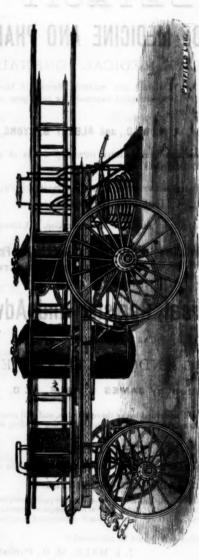
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																PROF. J. M. BODINE.
On	Clinical Di	seas	es o	of	the	C	he	st :	and	1 1	Phy	ysic	olo	gу,	By	PROF. E. R. PALMER.
On	Public Hy	gien	e,			0	0			0					By	PROF. T. S. BELL.
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On	Clinical Su	rger	у,												By	PROF. D. W. YANDELL.
On	Materia Me	edica	à, .												$\mathbf{B}\mathbf{y}$	PROF. J. W. HOLLAND.
On	Surgery, .														By	PROF. R. O. COWLING.
On	Practice of	Med	licii	ne,			0							0	By	Dr. W. O. ROBERTS.
On	Anatomy,				0										By	DR. H. A. COTTELL.
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